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THE  
New York Journal of Homœopathy.

Vol. I.

OCTOBER, 1873.

No. 8.

ORIGINAL ARTICLES.

LACTIC ACID—RESUMÉ.

INDEX TO PROVERS.

Nos. 1 to 16, inclusive, were made by members of the Class of 1873. These provings are noteworthy for their corroboration of each other, and for the clear indications of the action of the drug which they afford. Nos. 1 to 12, provings with the 30th potency. Nos. 13 to 15, provings with the 1st potency. No. 16, proving with the 1-10th.

The provers were instructed to take one dose and await symptoms 24 hours; if symptoms appeared, not to repeat the dose so long as any symptoms continued. If no symptoms appeared from one dose, then repeat every two hours till symptoms appeared. If no symptoms appeared in two or three days, stop the proving, and begin again with a lower potency.

1. J. H. Buffum, two doses 30th. 2. W. H. T. repeated doses for two days, 30th. 3. F. R., dose repeated several days, 30th. 4. R. S. M., repeated doses, 30th. 5. C. A. S., two doses, 30th. 6. J. P. W., four doses, 30th. 7. J. R. P., three doses, 30th. 8. B. W., four doses, 30th. 9. A. B. C., two doses, 30th. 10. D. A. Babcock, four doses, 30th. 11. D. Simmons, Jr., several doses, 30th. 12. A. W. J., two separate provings, one dose each, 30th. 13. F. R., several doses, 1st. 14. —, several doses, 1st. 15. second proving of last. 16. S., one dose, 1-10th.

The following provings were communicated to me by Dr. S.

Swan: "a," "b," and "c," by Miss Sarah Tremper: "a" with the 200th, drop doses every hour till symptoms appeared; "b," several doses of the 1m.; "c," several doses of the 10m.; "d," proving with the 15th, by Dr. Swan, in *North American Journal of Homœopathy*, N. S., p. 569, and one symptom by Fincke from the 30th.

I have designated these provings by letter, in order to keep them distinct from the class provings. Miss Tremper's provings seem to afford a very different series of symptoms, though her three provings show a marked similarity, indeed almost an identity, of symptoms, taken by themselves. The "relief of the nausea by eating" corresponds to the condition noted by the class provers.

#### MIND.

Exalted condition of the brain and special senses; memory improved. (3d d.) 4.

Mind clear; everything seems very distinct. (Morning of 2d d. and 4th d.) 6.

Almost impossible to write correctly; drops out words and misspells. (2d d.) 1.

Memory seems affected; cannot remember anything an hour after it has happened; unusual. (5th d.) b.

#### HEAD.

5. Vertigo at 8 P. M. (2d d.) 7.

Vertigo and nausea on rising. (3d d.) 7.

Vertigo on turning the head suddenly; fullness in the head. (2d d.) d.

Vertigo, with heat in the head. (3d. d.) 7.

Vertigo, and sleepless at night. (1st d.) b.

10. Fullness in the head; it feels too heavy. 8 P. M. (3 h.) 7.

Fullness, as if the top of the head would rise off. (4 h.) 7.

Sensation of fullness in the forehead, as if the brain were too large, during the day. (2d d.) 13.

Congestion of the head, painless, with strong pulsation of the vessels of the neck (5 P. M. 3d d.) 4.

Heat of the head excessive. (4 h.) 7.

Full feeling across the top of the head at 10 A. M., increasing till 11 A. M., as if all the blood in the body were in the head and face. At 12.25 P. M. it was very severe, and extended



into the eyes, worse on the left side; ceased at 10 P. M. (2d d.) a.

Top of the head feels as if it would burst, at 10 A. M. (5th d.) a.

Fullness in the top of the head, as if all the blood were there; worse in the afternoon, and extending into the left eye. (10th d.) a.

Sensation as if the blood was all trickling down from the front to the back of the head. (10th d.) a.

Fullness of the head all day; on stooping, it seemed as if the blood would spurt from the nose. Relieved at 10 P. M. (12th d.) a.

Congestion, as if the blood would burst out of the forehead and eyes; and at 11 A. M., while sitting in church, felt as if the blood would spurt from the nose, and as if it were impossible to sit another minute. (7th d.) c.

Rush of blood quickly to the head on rising from a seat at 11 A. M.; everything turned black before the eyes, and she nearly fell down. (16th d.) c.

Congestion of head. (13th and 14th d.) c.

Lightness of head. (12th d.) a.

Throbbing in the temples; evening. (2d d.) 7.

Cold spot over the right ear; it feels like a stone; evening. (2d d.) 7.

Great pain in the head, worse on the left side, at 7 P. M. (2d d.) 7.

Heavy, dull pain in the head at 8 P. M. (2d d.) 7.

Pain in the left side of the head, and a lifting, as if the top were rising off. (3d d.) 7.

Head began to ache at 11 A. M.; increased till 3 P. M., when it seemed as if it would burst. (5th d.) b.

30. Head dull all day; very nervous about it. (7th d.) c.

Headache relieved after bathing. (5th d.) a.

Slight headache during the evening; a dull pain on both sides of the forehead, with a sensation of fullness. (2d d.) 13.

Pain in the forehead just over the eyes, dull and heavy. From 12 to 4, it is sharp and severe, and extends into the left eye. Ceased at 4 P. M. (1st and 2d d.) a.

Slight pain in the forehead and head, is sore to the touch. (4th d.) a.

35. Headache across the forehead, worse on the left side. (6th d.) a.

Headache in forehead over the eyes, at 10 A. M. (10th d.) a.

Dull pain in the forehead, with desire to close the eyes. (2d d.) d.

Headache in the forehead on waking, worse at 8 A. M. Continues, at intervals, all day. (6th d.) a.

Sharp pain in the forehead just above the eyes; appeared in the evening, after the second dose, and lasted all night. b.

40. Dull, heavy pain across the forehead; extends into the left eye, as if behind the pupil. (3d d.) b.

Pain in the forehead above the eyes, increased and became very severe at noon. Head dull from 12 to 3 P. M.; less severe after 1 P. M. Pain in the head grew worse, and seemed to go all through the head and eyes. (4th d.) b.

Slight headache across the forehead and eyes at various times during the day. (1st d.) c.

Head dull and heavy, with occasional pain in the forehead and eyes. (2d d.) c.

Dull headache across forehead and eyes on waking, worse in the left eye. (3d, 4th and 5th d.) c.

45. Sharp pain across forehead; painful to touch, with nausea. (8th d.) c.

Slight pain in the forehead just over the eyes. The pain increased during the day, and at 8 P. M. it was felt all over the head and eyes. The rush of blood to the head and face caused a distressing fullness. (9th d.) c.

Pain extending from the ear to the temples and the top of the head. (4 h.) 7.

Pain extending from the temple to the occiput, on the left side, on rising in the morning, with a feeling of weakness. Soreness of the scalp; it smart and burns. (3d d.) 8.

Severe headache in the left mastoid bone, extending obliquely across, by way of the occiput, to over the right ear. (4th d.) 4.

50. Sharp pain across the top of the head; it is sore to touch. The soreness did not continue long, but the head ached from 1 till 5 P. M. (5th d.) a.

Occasional slight darting pains, which start from the centre of the brain, and move backward in straight lines to the centre

of the occipital protuberance; aggravated by motion. (1st d.) 12. 1st and 2d provings.

Headache at the base of the brain, extending up and over to the vertex. Relieved by pressing the head behind the orbits. With flushed face and rheumatic pains in the bones; aggravated by motion. (4th d.) 4.

Woke at 2 A. M. with pain at the base of the occiput and over the eyes. Very restless till rising, at 6 A. M. Mind clear; everything seemed very distinct. (8 h.) 6.

Slight pain in the back of the head, extending from the occiput to the top of the head, with roughness and constriction in the throat. (6 h.) 6.

55. Dull, weighty pain in the occiput. (1 h.) On lying down for bed, the pain left the occiput and seated itself in the forehead; so severe as to keep him awake nearly two hours. On waking in the morning, the same pain in the forehead, with a tendency to close the eyes. At 2 P. M. the pain changed back to the occiput, the eyes still heavy. This continued in the occiput till lying down for bed, when it again changed to the forehead; next morning, well. On repeating the drug, at 5 P. M., the pain returned in the occiput in two hours, and on lying down again changed to the forehead; next morning, well. This was subsequently twice repeated. 10.

Scalp sore; it smarts and burns. [46.]

Top of the head sore to the touch. [48.]

Forehead painful to touch. [43] [33].

## EYES.

Marked protrusion of the eyes, with dilated pupils. Very tired; felt as if had walked a great distance, during and after motion. (4th d.) 4.

60. Dull, heavy feeling in eyes, with tendency to close them, with the headache. [55.]

Sensation of fullness in the eyes, and a confused, bursting out feeling on looking steadily at any object, especially a bright light; relieved by closing the lids. Pupils dilated. (1st d.) 12.

Pain in the left eye and brow, extending across the forehead, continuing from 2 P. M. the rest of the day. (4th d.) a.

Sharp pain in left eye, more while reading, with photophobia. (5th d.) a.

Pain in the eyes, worse on closing them, but nearly as severe on opening them. (4th d.) b.

65. Pain extends from left eye to the eye-tooth, like neuralgia. (4th d.) b.

Eyes feel as if they would burst open or burst out of the head; worse on turning the head; lasted, very severe, all night. (5th d.) b.

Congestion, as if blood were forcing its way out of the eyes. (2d d.) c.

Jerking of the left upper lid. (3d d.) 8.

Peculiar twitching across the right upper lid, about 10 A. M.; transient; in the left eye at 11 A. M. (2d d.) a.

70. Pressure on the cornea is very painful. (4th d.) b.

Pupils dilated. [61], [59]; also 7. (2d and 3d d.); also 15, 12.

Pupils somewhat enlarged, with slight pain in the balls. (4th d.) 6.

Pupils much dilated; attract attention; 6 P. M. (5th d.) 10.

Pupils dilated more afternoons and mornings. 12.

75. Smoky appearance of the room. (2d d.) 7.

Dark clouds pass before the eyes; cannot see the letters on the blackboard. (2d d.) 7.

Feels for another step when at the bottom of the stairs. (2d d.) 7.

#### EARS.

Pain extends into the ear from the parotid glands.

Pain extends from ear to temples and vertex. [47.]

80. Singing and snapping in left ear. (2d d.) 7.

Roaring in left ear on rising and in afternoon. (3d d.) 7.

#### NOSE.

Nose very dry and burning. (2d d.) 1.

A sore like a cold sore inside the nostrils. (4th d.) 6.

Nose stopped during morning. (12th d.) a.

85. Discharge white and frothy, a little thicker than water. (13th d.) a.

Bloody discharge several times. (17th d.) a.

Feeling as if blood would spurt from the nose. [19].

Nose bled a little at 8 P. M. (14th d.) c.

#### FACE.

Face flushed with the headache. (4th d.) 4.

90. Rush of blood to face and head. [44.]

Papular eruption on face and hands. (4th d.) 6.

Erysipelatous redness of left cheek and left side of nose, with small sore vesicles on nose in the morning. (3d d.) d.

## MOUTH.

Mouth dry, and tastes like copper. (3d d.) 12<sup>1</sup>

Mouth dry (3d d.) 12<sup>2</sup>

95. Mouth hot; the tongue seems to fill it up. (4th d.) 12<sup>2</sup>

Mouth constantly full of water; worse after each eructation. 16.

Great dryness in the mouth and throat. (1 h.) 7.

Mouth and fauces feel dry; constant inclination to swallow; not relieved by drinking. (1 h.) 1.

Roof of mouth dry; cannot keep the tongue from constantly moving over the roof of the mouth; sensibility increased; felt burnt. (1 h.) 1.

100. Bad taste in the mouth. (5th d.) a; (6th d.) b.

Tongue coated thick white. (1st to 6th d.) a.

Tongue coated thick yellow. (14th d.) a, b; (3d d.) c.

Tongue bright on the edges, with a sore, raw sensation on the right side. (5th d.) 2.

Tongue feels large, is coated white. (3d d.) 12<sup>2</sup>

105. Tongue sore on the left side, raw and red. 15.

Saliva salt, like brine; continued several days. 16.

Commenced soon to secrete large quantities of saliva, which, in the morning, was found to contain grayish lumps. Afterwards the expectoration was yellowish and tasted salty. This appeared to be secreted just inside the glottis. (5th d., after bell. 1<sup>m</sup>) d.

Taste like lobelia or tobacco. (1 h.) 7.

Taste fetid. (3d d.) 7.

110. Sour, metallic taste, lasts 15 minutes after a dose, repeatedly. 11.

Taste metallic (1st d.) 12<sup>2</sup> Like copper (3d d.) 12<sup>1</sup>

Taste acrid, with nausea; like copper. (1 h.) 7.

Peculiar taste on the tongue posteriorly, extending into the throat, with immediate accumulation of saliva. (Fincke, 2 drops of 30th.)

## THROAT AND NECK.

Constriction in the fauces, with dull pressure; acrid taste, with nausea; mouth tastes like copper. (1 h.) 7.

115. Throat constricted and dry ("similar to lachesis"). (2d d.) 6.

Throat constricted and rough, with pain in occiput, &c. (6 h.) 6.

Constricted feeling low down in the throat, with slight nausea, causing a severe paroxysm of coughing. (1 h.) 5.

Constriction and soreness of the throat, with difficulty of swallowing solids. At 5 P. M. (3d d.) 4.

Dryness and rawness, extending to the larynx; the rim of the glottis particularly affected. (4th d.) d.

120. Elongation of uvula. (4th d.) d.

After retiring at night, the rawness and swelling increased, with spasm of the glottis, awaking me from sleep, and causing severe pain and suffocation. (4th d.) d.

Rawness of pharynx from post. nares, left side down to œsophagus, with sensation of a quantity of mucus lodged in the nares and larynx, causing hawking. Hawking does not relieve entirely, a portion only of clear viscid mucus coming away. (3d d.) d.

Dryness of posterior fauces, with hawking of mucus from posterior nares. (2d d.) d.

Fullness in the throat, which keeps him swallowing frothy mucus. The lump or fullness feels like a small puff-ball; not relieved by swallowing. (Morning of 5th d.) This returns in the evening after another dose, and is repeated after subsequent doses. 11.

125. Fullness of the fauces, with intense burning in the throat, fauces and œsophagus. 16.

Sense of a plug in the throat, with scraping and dryness, a feeling like that from tobacco. (2 h.) 7.

Mucus membrane of fauces dry, red and congested. (3 h.) 1.

Intense burning in the œsophagus after an eructation, with a qualmish feeling, and an increase of saliva. 16.

Swallowing solid food very difficult; it is almost impossible to force solid food into the œsophagus; semi-fluids more easily, and fluids easily swallowed. (Evening 2d d.) 9. Compare symptoms. 118.

130. Neck feels too short by two inches. (2d and 3d d.) 7.

Pain in the sub-maxillary and parotid glands, a stiff feeling in the parotids, and a pain extending from them into the ear. 8. P. M. (3 h.) 7.

Strong pulsation of the vessels of the neck, with painless congestion of the head. 5 P. M. (3d d.) 4.

## STOMACH.

Appetite not very good, an apparent indifference to food; very little satisfies; what is eaten seems to sour on the stomach, with eructations and a great deal of flatus. (4th d.) 6.

No appetite for supper. (2d d.) 7.

135. No desire for breakfast; the stomach seems to come almost up into the mouth; worse on sitting still. (4th d.) 12.

Eating generally relieves symptoms. 12.

Thirst but slightly relieved by drinking. (Evening of 2d d.) 9.

Nausea, with retching and water brash, after eating. (2d d.) d.

Nausea. (3th d.) 6.

140. Slight nausea, some flatus, and pain in the umbilical region. (4 h.) 6.

Nausea on rising in the morning, with vertigo. (3d d.) 7.

Nausea, stinging pain in the stomach, whirling around at the pit of the stomach, with feeling of pressure. (3d. d.) 7.

Nausea on awaking, with a sensation of weight low down in the stomach, with pains in the head darting from the centre of the brain in straight lines to the occiput. Pains predominate in the back of the head. (2d d.) 12.

Slight nausea and a constricted feeling low down in the throat, causing a severe paroxysm of coughing. (1 h.) 5.

145. Nausea and faint feeling, with a paroxysm of coughing as before. ( $\frac{1}{2}$  h. after another dose) 5.

Nausea continues, and is aggravated by motion, especially on getting up in the morning. 8 A. M. (2d d.) 5.

Nausea; unable to eat the usual breakfast, food seems loathsome; sickness, almost to vomiting; relieved after eating. (3d d.) 12.

Nausea continues till 10 A. M. (4th d.) 12.

Nausea, especially at 6 A. M. before rising; a faint, gone feeling low down in the stomach. (1st d.) 12<sup>2</sup>

150. Woke suddenly at 5:30 A. M. with very much nausea,



which increased till he vomits a thin, colorless, watery stuff; somewhat relieved after getting out of bed. (4th d.) 12<sup>2</sup>

Nausea continues till 11 A. M., when it gradually wears away. (4th d.) 12<sup>2</sup>

Constant nausea after 9 A. M., not affected by eating; appetite good. (2d d.) 14.

Nausea came on half an hour after breakfast, not severe enough to cause vomiting, but very persistent. Relief for an hour in the afternoon, but it returned at 2 P. M., and continued till he fell asleep, at midnight. (3d d.) 14.

Nausea shortly after rising, lasts till 10 A. M.; it returned from 3 to 5 P. M., and again in the evening half an hour after eating. (5th d.) 14.

155. Nausea, shortly after rising; relieved by breakfast; returned and lasted till 10 A. M. (6th d.) 14.

Constant nausea all through the proving. 15.

Nausea all the morning, and till 3 P. M. (1st d.) a.

Nausea at 10:30 A. M. (3d d.) b.

Nausea all the afternoon, but could not vomit. (4th d.) b.

160. Nausea during afternoon and evening. (1st d.) c.

Nausea relieved by eating breakfast. (3d d.) c.

Nausea on rising in the morning; after eating, a sick feeling, not amounting to nausea, with taste of the food. (3d d.) d.

Eructations of burning hot gas from the stomach, causing a profuse secretion of tenacious mucus, which must be constantly hawked up; aggravated by smoking tobacco. 16.

Eructations of hot, acrid fluid, which burns from the stomach to the throat. 16.

165. Constant desire to eructate, which he dreads on account of the burning; worse from smoking. 16.

The hot eructations produce a spasmodic ringing cough, from the irritation of the throat which it causes. 16.

Belching, with taste of the ingesta. (3d d.) d.

Faintness in the stomach, lasted about an hour, then gradually passed off, leaving nausea, at 2 P. M., one half-hour after a dose. (2d d.) 5.

Fullness and heat at the pit of the stomach, with nausea and pain around the umbilicus. (2d d.) 7.

170. Heat in the stomach; gradually disappeared (in a few minutes). 9.

Slight depression and constriction in the cardiac region; relieved by bending the chest forward. Forenoon (2d d.) 9; and repeated.

Burning and weight in the stomach, aggravated by smoking. 16.

## ABDOMEN.

Stinging pain in the muscles of the abdomen, at 4 P. M. (2d d.) 7.

Stinging pain in left side of abdomen, running into the spermatic chord. (Morning of 3d d.) 7.

175. Jerking and sharp, cutting pain in the muscles of the abdomen. Waked from sleep, with a scream, at midnight. (2d d.) 7.

Pain around the umbilicus. (2d d.) 7.

Colic in the lower part of the abdomen, which nothing seemed to relieve. Stool normal. (2d d.) 1.

Pain across lower part of bowels on the right side. (4th d.) a.

Bearing down pain in the upper part of the abdomen. (2d d.) b.

180. Sharp, transient pain in the lower part of the left side at 10.30 P. M. (2d d.) a.

## ANUS AND STOOL.

Severe aching pain in the anus, waking out of sleep; relieved by stool. (2.30 A. M., 4th d.) 2.

Protrusion of piles after a stool, very painful; had to sit down two or three times; could not walk. (13th d.) c.

Soft, mushy stool at 9 A. M., again at 2 P. M. and 6 P. M.; had hardly time to get to the closet. (2d d.) 2.

Diarrhœic stool, hurrying to the closet, without pain in the rectum. 14.

185. Soft stool, with hard lumps. (Evening 2d d.) 7.

Tenesmus. (3d d.) 7.

Loose bowels, with transient pain in the abdomen after the stool. (5th d.) a.

Diarrhœa, preceded by sharp pain across the lower abdomen. (2d d.) b.

## URINE.

Called out of bed at 3 A. M. to urinate. Urine profuse and pale. Urinated again at 8 A. M.; copious, light lemon color. (6th d.) 10.

190. Urine somewhat increased. Passed with difficulty. (4th d.) 6.

Urine passed frequently, and in large quantities (repeated through two provings). 11.

Rises four times in one night to urinate; urine light straw color. (3d d.) 11.

Urinate frequently, day and night. The attempt to retain it causes pain. 11.

Bladder feels sore, as though it had been overtaxed or strained. Must keep bent forward to take off the pressure, in which position he feels much more comfortable. (3d d.) 11.

195. Seemed to be fast turning to urine, and running away through his penis. Had to stop proving. A renewal of the proving brings it on again, with the sore stretched feeling in the bladder. 11.

Before proving, troubled with a desire to urinate every half-hour. Since taking the drug, has urinated only four or five times in 24 hours. 8.

Urine normal in color and quantity, but has a greasy pellicle on the surface. (1st d.) 1.

Urine cloudy and dark. (1st d.) 1.

Urine scanty and high-colored. (2d and 3d d.) 7.

200. Desire to urinate oftener than usual, but did not pass much at a time. Urine high-colored. 14 and 15.

Frequent desire to urinate. (10th d.) a.

Urine light reddish, but clear. (2d d.) a; (3d d.) c.

Urine high colored, but clear. (10th d.) a.

Urine white and thick. (Morning 2d d.) c.

#### SEXUAL ORGANS.

205. Menses scanty, 17 days too late. In the morning had pain across the small of the back, and in the lower part of the abdomen. Menses appeared at 11 P. M., with a very distressed feeling across the lower part of the abdomen. Back pained all day and night. Flow scanty and pale. a.

Menses more profuse than usual, two days too early. b.

#### RESPIRATORY ORGANS AND CHEST.

Severe paroxysm of coughing, with slight nausea, caused by a constricted feeling low down in the throat. (1 h.) 5.

Spasmodic, ringing cough, caused by irritation of the throat from hot eructations, aggravated by smoking tobacco. 16.

Dryness and burning of larynx. (After 12 h.) d.

210. Secretion of and hawking up small lumps of tough mucus, of grayish color. (4th d.) d.

Expectoration yellowish and salty; seemed secreted just inside the glottis. (4th d.) d.

Voice *entirely without control* for an hour and a half after rising; whispering and squeaking when expecting to speak loud; croaking and deep, hoarse voice. Continued one day, and gradually disappeared. (4th d.) d.

Saw-like rasping sound of respiration. (4th d.) d. (Took bell. 1<sup>st</sup>.)

Some hoarseness; sensitive to the cold air. Here followed a cold, for which other remedies were taken. (2d d.) 6.

215. Dry cough all day. (12th to 14th d.) a.

At 9 A. M. a severe sharp, cutting or sticking pain in the upper third of the right side; worse from motion; most relief from folding the arms across the chest. It becomes so severe that he is obliged to take bryonia, which relieves him, but the side remains very sore. After another dose of lactic acid, the pain and soreness returned. Is compelled to keep the arm close to the side to avoid pain. It is very difficult to put his coat on or off. Repeated in subsequent proving. 11.

Rheumatic pain in the right side of the neck and right breast, worse from stooping the head. Continued about an hour. (6th d.) a.

Sharp pain in right breast at 11 A. M. (6th d.) a.

Pain in the back part of right breast at intervals during the morning, till 11 A. M., when the pain extended to the axilla, which feels sore to the touch. (4th d.) a.

220. Sharp pain darted through the lower part of the right breast at 1 P. M., and continued at intervals during the afternoon. (4th d.) a.

Sharp pain in back part of the left breast during the afternoon. At 6 P. M. a similar pain in the right breast, after which it felt sore to the touch. Soon passed away. (2d. d.) a.

Left lung and back of the breast sore all day, but did not pain. (5th d.) a.

Pain in the back of the left breast, two or three times during the day. (6th d.) a.

## HEART AND CIRCULATION.

Sharp pain around the heart, causing palpitation, a few moments after 11.30 A. M.; lasts till 2 P. M. (2d d.) a.

225. Pulse 62, small and feeble. (2d d., half hour after a dose) 7.

Pulse 90, feverish. (3d d.) 12.

## BACK.

On retiring, a severe pain in the left lumbar region, more a weak feeling, which is relieved by turning on to the side. (1st and 2d d.) 1.

Aching in the lower part of the back, from 3 to 10 P. M. (1st d.) a.

Pain in the small of the back at 11 A. M. Extends up the left shoulder and side of the neck. Did not last long in the neck and shoulder, but continued in the back all day. (2d d.) a.

230. Pain in the region of the kidneys, from 11 to 12 A. M. (4th d.) a.

Pain in the lower part of the back and head all night. The pain extended to the shoulders, especially the right. a.

Sharp pain across the small of the back and shoulders, worse when walking. (5th d.) a.

Great distress in the region of the kidneys. (10th d.) a.

Pain in the small of the back all night; could hardly lie in bed (1st and 2d d.) b.; extends to the shoulders. (3d d.) b.

235. Sore pain across the lower part of the back all day. (2d d.) c.

Pain in the small of the back about noon; continued all night. (4th and 5th d.) c.

Pain in the lower part of the left side; extended around to the back. Soon passed off. After eating at 6 P. M. (4th d.) b.

## UPPER EXTREMITIES.

Pain in shoulder on moving the arm, with soreness in the side. (3d d.) 11. Compare [216].

Rheumatic pains in both shoulders, running up the muscles of the neck to the mastoid process, and into the ears. 15.

240. Slight rheumatic pains in the wrist-joint. (half h.) 5.

Pain in the second joint of the right thumb, at 1 P. M., for one hour. (2d d.) a.

Right index finger felt sore between the first and second

and also between the second and third joints. These pains continued during the proving, alternately appearing and disappearing. a.

Index finger, right, swollen, two bright red spots on it, one between first and second, the other between second and third joints. The last itched once or twice during the day; from 2 to 10 p. m. it itched and burned like a bee-sting. On the 5th day it was sore between the first and second joints, but not red; between the second and third joints red, but not sore. The red spot looked like a blister. a.

Sweating of hands and feet. 8.

#### LOWER EXTREMITIES.

245. Pain in the thigh, and stinging in the sartorius muscle. (3d. d.) 7.

Soreness to touch along the track of the right sciatic nerve, on getting out of bed; lasts all day, pulsating constantly, but slightly. (4th d.) 14.

Rheumatic pains, dull yet sharp, in the knee-joint on moving the leg, at 7 p. m. (3d d.) 5.

Pain in the knee-joints similar to neuralgic pains, at times extending to the toes with a thrilling sensation as if one's foot had been asleep. (3d d.) 6.

Pain in the knees when walking; they cripple forward. (Evening 2d d.) 7.

250. Stinging pain in the knees, and inside the thighs. (4th d.) 7.

Pain in the patella. (3d d.) 7.

Weakness of the knees, and stinging in the joints. (3d d.) 7.

Great weakness in the knees on going down stairs; feels for another step at the bottom; with vertigo. (3d d.) 7.

Cramp in the calf of the leg early in the morning, before leaving the bed, also after rising a feeling of soreness in the part. (3d d.) 6.

255. Feet cold. (Evening 2d d.) 7.

Sweating of feet and hands. 8.

Unusual perspiration of the feet, not offensive, so that by 6 p. m. he needed to dry his stockings. This was repeated for several days, beginning at noon. 3.

Sensation as though the feet were perspiring, as though the stockings were soaked full. 15. (*Eruptions, see Skin.*)

## SKIN.

Itching on different parts, chest, back, abdomen and extremities. (8th d.) 3.

260. Itching of the skin, relieved by scratching. 3.

Itching and redness, not on exposed parts of the body. 3.

Itching of the body on going to bed, on account of cold from the clothes. (3d d.) 7.

Itching is aggravated by scratching. 12.

Elevations on the back like hives, with itching; also itching and redness on other portions of the body. (8th d.) 3.

265. Papular eruption on the face and hands. (4th d.) 6.

Red spots on the left arm, left hip, left hand (morning of 3d d.) 7; on the scrotum, with itching (3d d.) 7.

Eruptions on right arm and left leg; itch and burn. 8.

Small blisters on the hands. 8.

Several distinct bright red blotches (as large as a raspberry) on the anterior portion of the lower third of the left leg, with slight burning, but no itching. Relieved by warmth, aggravated by cold, and by passing quickly from warm to cold or cold to warm. The eruption is brightest at 8 A. M., fades in the middle of the day, and grew lighter again during the evening; brighter on pressure. (1st and following days.) Eruption fades away from the periphery toward the centre; the centre remains bright till the 5th day, when it disappeared. 12. In the second proving these deep red blotches reappear on both legs, and extend almost over the thighs and lower limbs, to which they are confined. 12<sup>2</sup>

270. Itching and burning on going out into cold air, with creeping and stinging in left half of body, left arm, hand and leg. (Evening 2d d.) 7.

## GENERALITIES.

Restless all night; could neither lie still nor sleep. (4th d.) a.

Felt weak during the morning. (5th d.) a.

Felt sick all over. Relieved by eating lunch at noon. (3d d.) b.

Very tired on waking, with aching of the limbs, as if she had not slept any. (2d d.) c.

275. Tired on waking, did not sleep well; restless; seemed to have had bad dreams, but did not remember them. (5th d.) c.



Very tired, felt as if he had walked a great distance, during and after motion. (4th d.) 4.

Rheumatic pains in the bones, worse on motion. (4th d.) 4.

Sensitive to cold air, hoarse, etc. (2d d.) 6.

Very restless at night. (1st d.) 6.

280. Spasm of different muscles; it is difficult to eat or write. (2d d.) 7.

Left side excessively hot, trembling in all the muscles, with nausea and vertigo, general sickness all over; thinks he is proving tobacco. (Evening 2d d.) 7.

Great jerking of the muscles, and rigor all over the body. (Evening 2d d.) 7.

Woke at midnight with a scream, and pain and cramp in the muscles of the left side, with jerking and sharp cutting pain in the muscles of the abdomen. (2d d.) 7.

Shivering in the muscles, with burning and stinging in the left half of the body. (3d d.) 7.

Weakness on rising in the morning, with pain in the head. (3d d.) 8.

#### FEVER.

Rigor all over, with jerking of the muscles; cold feet; right hand cold, left hand hot. (Evening 2d d.) 7.

Cold and chilly at noon; transient (3d d.) b; also (6th d.)

Flashes of heat over the whole body; feverish. (3d d.) 12.

Slight fever at 6 P. M. (4th d.) b.

290. Fever, with severe headache, from 1 to 4 P. M. (6th d.) b.

Perspiration of the feet from noon till evening every day.

#### SLEEP.

Does not sleep well; restless; backache all night. (6th d.) a.

Sleepless, with vertigo. (1st d.) b.

Did not sleep well; restless; seemed to have had dreams, but did not remember them; tired on waking. (5th d.) c.

#### CONDITIONS.

MORNINGS.—Nausea, especially at 6 A. M. On waking at 2 A. M. headache at base of occiput and over eyes. On waking dull headache across forehead. Erysipelatous redness of left cheek and side of nose. Nose stopped. Nausea lasts till 10 or 11 A. M. Nausea constant after 9. Nausea

gradually wears away after 11 A. M. Headache at 8, at 10, after 9; twitching across upper lids 10 to 11 A. M.

**AFTERNOON AND EVENING.**—Pupils more dilated. Symptoms returned the second afternoon and evening. *Nausea afternoon and evening.* Fullness in top of head worse. Headache 1 to 5. Pain in left eye and brow after 2 P. M. Fever and severe headache from 1 to 4, slight fever at 6. Gets worse at 6. Nearly all symptoms worse before breakfast and at 6 P. M. Nearly all symptoms went off at 8 P. M. Sweat of feet from 12 till evening. Aching in lower part of back from 3 to 10. Headache came on in evening, and lasted all night. Throbbing in temples evenings. Cold spot over right ear evenings. Constriction and soreness in the throat at 5 P. M. Nausea from 3 to 5. Stinging pain in abdominal muscles at 4. Nose-bleed at 8. Fullness in head relieved at 10 P. M. Headache less after 1; ceased at 4 P. M.

**NIGHT.**—After retiring, rawness and swelling in throat increased.

*Morning and evening eruption brightest.*

Bathing relieves headache.

Bending head forwards aggravates rheumatic pains in right side of neck and breast; relieves depression and constriction in cardiac region.

Bending forward relieves the sore bladder.

Closing the eyes relieves the fullness in the eyes.

Cold air aggravates burning in eruptions, aggravates itching, causes itching and burning.

Change of temperature, *sudden*, aggravates burning in eruptions.

Eating *relieves* nausea; relieves sickness all over; eructations, followed by mouth constantly full of water.

Folding arms relieves cutting pain in upper part of right side.

Lying down causes pain to shift from occiput to forehead.

*Motion* aggravates headache, aggravates nausea, especially rising mornings; aggravates rheumatic pains in bones; causes great fatigue; aggravates sharp cutting pain in upper part of chest; aggravates rheumatic pains. Moving the arm aggravates pain in shoulder, and pain and soreness in the side. Moving leg aggravates pain in knee-joint.

Pressing head behind orbits relieves pain at base of brain.

Rising, on, roaring in left ear. From seat, rush of blood to the head. Mornings, pain from temples to occiput, left side. Mornings, nausea till 10 A. M. Nausea somewhat relieved. Relieves head and stomach symptoms. Mornings, headache, vertigo, nausea.

Reading aggravates sharp pain in left eye.

Scratching aggravates itching; relieves itching.

Smoking *aggravates all symptoms intensely*; cannot smoke.

Stool relieves severe aching pain in anus.

Turning head aggravates bursting pain in eyes; causes vertigo.

Turning on to side relieves severe pain in left lumbar region.

Walking, pain in knees. Aggravates sharp pain across small of back.

Warmth relieves burning in eruptions.

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#### TODINI ON DIABETES MELLITUS TREATED BY MEAT DIET AND LACTIC ACID.

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Dr. Todini, of Rome, reports, in a letter to Dr. Cantani, published in *Lo Sperimentali* for May, the case of a woman, aged forty, who came under his care with the ordinary symptoms of diabetes mellitus.

He ordered her a diet of meat and soup, and a solution of lactic acid in water.

On the second day of this treatment improvement was noticed in the diminution of thirst and of the quantity of urine passed, as well as of the glucose which it contained.

On the sixth day, metrorrhagia set in, but was soon arrested by the sub-cutaneous injection of ergotine.

The meat diet and lactic acid were then resumed. The patient improved steadily, and was discharged, cured, sixteen days after the commencement of the treatment.

The urine had entirely lost all trace of sugar, and had regained the normal proportions of its normal constituents.

Two months afterwards the patient, who had resumed her ordinary diet, remained in good health.—*London Medical Record*.

## NERVOUS DEAFNESS.

By Dr. HENRY C. HOUGHTON.

*Read before the N. Y. County Homœopathic Medical Society.*

Nervous deafness depends upon some lesion of the perceptive portion of the auditory apparatus: either the auditory nerve alone, or the distribution of the same in the semi-circular canals or cochlea, or both; both trunk and terminal portions may be involved. Primary inflammation of the internal ear is, we are glad to state, the most rare form of aural disease, yet the term is improperly applied to any and all forms of deafness that do not present to the casual observer diagnostic hints as evident as a purulent discharge or the loss of a portion of the membrana tympani. The common view, that most cases of deafness are nervous in type, has been so long held, that it is almost impossible to shake off the apathy that exists both in the profession and among patients that are not beyond aid. If amaurosis used to mean disease in which neither the patient nor the surgeon could see anything, nervous deafness has come to mean disease in which the patient cannot hear, and the physician cannot, at once, see sufficient cause for the fact.

If a patient be nervous, debilitated, or manifest the very common depression of spirits connected with ear diseases, the nervousness suggests nervous deafness; yet the best authorities state that debility and nervousness are not accepted as causes of nervous deafness.

Many cases are classed as nervous which are depending on abnormal conditions of the external auditory canal or of the middle ear. Plugs of cerumen have given rise to symptoms that led to the assertion that serious cerebral disease existed, and death might be expected. Von Troltsch states that an old man was knocked down, struck on his head upon the pavement; deafness immediately followed, almost total. His physician gave his opinion, concussion or perhaps apoplexy of the cerebrum. The patient was placed on light diet, cupped, purged, and later, a seton introduced. A month later, Prof. Von Troltsch was called, and removed cerumen from both canals, relieving his deafness, as also "a profound cloudiness of his intellect." Prof. Roosa, in his treatise just issued, mentions a case of supposed sunstroke that was treated

for weeks in a New York hospital. He was at once relieved by the removal of cerumen. If this be true of the external meatus, the conditions of catarrhal, serous or suppurative inflammation of the cavity of the tympanum as truly give rise to symptoms that are not easily traced, and a casual examination cannot be enough.

**SYMPTOMS.**—The only absolute symptom is absolute deafness, this usually occurring suddenly. Others, as vertigo, nausea, tinnitus, exist, but are not confined to this class. Disease of the middle ear does not give absolute loss of power. Conversation may be unheard, ordinary noises be unrecognized, but the musical tone of the tuning-fork is perceived. So we come to our conclusion by exclusion. If any obstruction to sound-waves exists in the external meatus, the tuning-fork vibrating on the vertex will be heard with greater distinctness in that ear if the internal ear be normal. If the middle ear be diseased so that conduction is faulty, the fork will be heard more clearly on the affected side. If the external and middle ear are found normal on applying the tests of inspection, auscultation, etc., for each ear, and the fork sounds less clearly in one ear when placed on the vertex, it is evidence that the internal ear on that side is impaired.

Pain, chills, vomiting and convulsive action may be symptoms of disease of the middle ear, or of cerebro-spinal meningitis, as well as of the internal ear; hence the doubts thrown upon certain cases called meningitis. We have taken interest in the history of a considerable number of patients seen at the clinic of the Ophthalmic Hospital, and find the onset to be sudden, high fever, nausea, vomiting, loss of consciousness, and sudden deafness. The recovery has been in some cases very rapid, no sign of paralysis, and gradual recovery of hearing for certain times and noises, also gradual maintenance of equilibrium. Others again were prolonged cases, with partial paralysis and absolute deafness. The first are classed as primary inflammations of labyrinth, the last as secondary to the cerebro-spinal lesion. Similar symptoms present in the so-called Ménière's disease, this being an idiopathic inflammation gradual in manifestation.

**CAUSES.**—These are either primary or secondary. Among the first are injuries, hemorrhage, effusion, concussion, quinine.

Second, syphilis, simple fevers, exanthematic fevers, intercranial tumors, and aneurism.

Any fracture of the base of the skull is almost certain to injure the labyrinth or internal auditory canal; or injury to the facial may involve the auditory. Hemorrhage may be direct, from disease of arteries, or result from fractures. So may effusions arise from disease of tissues not directly connected with the function of audition. Concussions from explosions in mines, of cannon, or by more slight but frequently repeated shocks, as hammering, etc.: these are recognized as causes of disease in the terminal part of the nervous distribution. The effect of large doses of quinine is noticed in cases of tinnitus without apparent cause.

Although syphilis causes more mischief in the pharynx, involving the eustachian tubes, and thus interfering with audition, yet the frequent paralysis of the seventh nerves (facial) may give good reason to look for similar disease of the portio mollis. In fever, we find lesions of the labyrinth following typhus and typhoid, as well as in cerebro-spinal meningitis. These may be simple exudations, or as grave as suppurative, the first possibly to be repaired, the last never. The middle ear is more frequently diseased in the exanthemata, but the continuity of inflammation at times becomes fatal to audition. Pressure of tumors, aneurismal or otherwise, may act to abolish the function of the nerve-trunk.

**TREATMENT.** Among the remedies mentioned in our works, is nitrate of potash *vs.* "chronic deafness from paralysis of the auditory nerve." I must confess to failure in its use. Causticum is an efficient remedy; it relieves the tinnitus, especially when in the form of reverberations in the head. The patient's voice apparently going out at the ear. Its action in paralysis of the facial would lead us to expect results. Silicea has proved to be a valuable remedy in the cases which we judge to be inflammations of the semi-circular canals and cochlea. W. S. Searle, M. D., was led to give it in an acute case on account of its known value in serous exudations, and the result was a complete recovery. Chronic cases have also made slow but steady repair under its action. Phosphorus is particularly indicated in the deafness of old people; weakness of function, inability to distinguish the articulations; but

noises and musical tones are heard. Phosphoric acid has deafness for distant tones or noise; hearing if spoken to near the ear; an extreme sensitiveness to *musical tones*. The exact physiological action of these remedies is a question of great and practical interest. Dr. Minton's use of *nux moschata* in mutes led me to prescribe it in a number of cases of deaf-mutism, but as yet the results are not clear. In Prof. Flint's *Physiology*, vol. iv., page 350, we have the latest data on aphasia. Here we find that loss of speech occurs in two classes of cases: one amnesic, connected with disease of the left anterior cerebral lobe; the other ataxic, resulting from lesion of the motor tract. In the first, the idea is lost; in the second the idea is present, but motor-power for the larynx lost. Now, my belief is this: that tune and time, or perception of pitch and rhythm, as a faculty, is located in immediate relation to the faculty of articulate language, and any remedy that gives a ray of hope of gain to one faculty through another deserves careful tests. We know too well how soon the faculty of articulate language fails if hearing is lost. Our selection of remedies, however, must be based, not on the local symptoms alone: the totality of symptoms always.

Electricity is an agent that is worthy of a more full and careful proving. Brenner has given us the formula for the reaction of the healthy auditory nerve under the galvanic (constant) current, and much discussion has risen. There is one fact in practice that interests us, however: the sounds developed in disease, from slight to loud and louder, under treatment recede in the same order as under other remedies, from loud back to low, slight tones, finally lost.

At another time we hope to refer to *tinnitus aurium*, or functional disturbance of the auditory nerve (*hyperæsthesia*).

### SOME NOTES TO DR. NORTON'S ARTICLE ON SYPHILITIC IRITIS.

By C. T. LIEBOLD.

Read before the N. Y. County Homœopathic Medical Society.

In the *Internationale Homœopathic Presse*, band III, heft 5 and 6, there appeared also an article on the diseases of the



iris, by Dr. Payr, of Passau, well known as a writer on diseases of the eye, in the German homœopathic literature. It was interesting to me, though not very pleasing, to find a colleague of a large and ripe experience advocating the topical application of cold in iritis. He says: "With the intensity of the inflammatory process, the local application of cold has to keep equal pace, the necessity of which is insisted upon by most authors, not only in the traumatic, but for every variety of iritis; if only in the dyscratic varieties, its effect reaches not beyond the local requirement." Now, my experience is exactly the opposite! If I am sure of anything in medicine, it is that I never have seen the slightest benefit, only harm and often very serious harm, from the topical application of cold in iritis. It is only a palliative, and a very miserable palliative at that; it benumbs, deadens the pain momentarily; the disease will not run its course and get well in due time, as some inflammatory diseases will sometimes in allopathic hands, under a palliative treatment. It drags the disease unduly in length; the wet which is usually associated with the cold, predisposes the humified skin to greater susceptibility to atmospheric changes; the neuralgic pains become often unbearable. But a short time ago a woman came under my charge at the Ophthalmic Hospital with iritis, who had for fully four weeks applied cold almost every night, with benefit to the pain as long as the compress was as cold as possible. With benefit to the iritis? No, indeed; quite the contrary.

I am not, by principle, opposed to cold: if anything, I am too fond of it; but I never would persist with it if palpable and permanent benefit was not soon seen to follow.

For a long while I have been in the habit of applying moist heat, especially in cases of ulcerative kerato-iritis. Though I was much more successful with this than with cold, there remained still in many cases a too great tendency to fresh exacerbations of the inflammation, as well as of the reflex neuralgia of the termini of the supra and infra-orbital nerves. The patient did take cold decidedly too easy. Either he or she went to sleep with the poultice on, only to be woke up by a distracting pain again, finding the poultice dry and cold; or they were sure to have been too near the window: in short, there was room for improvement in regard to the treatment.

Remembering how the captain of the becalmed sailing vessel moistens his finger to detect the slightest breath of air stirring, I came to the conclusion that not the disease itself, but the moist skin, was the cause of the trouble, and therefore I apply now only *dry heat*, with which doctor and patient are well satisfied. The easiest and most comfortable way to apply dry heat, I have found to be a thick layer of wadding, large enough to cover half the face, and sewed up in fine old linen. Two of these soft cushions, one to be applied while the other is warmed, that no time may be lost. Have them made as warm as can be borne without discomfort, and applied as soon as the first signs of pain appear, and as long as the same lasts.

I am sure that none who once made a comparative careful trial with cold and heat will ever return to the former. The frequent complaint of patients, that the pains increased until a copious gush of hot, scalding tears brought relief, has led me to abandon also all bandaging of the inflamed eye. There is most always a profuse hypersecretion from the lachrymal gland, especially during the paroxysms of pain. The tears collect in the oculi-palpebral fold as the bandage keeps the lids closed, until they are forced out by their increased quantity in a gush, to a great but short relief.

In regard to the medical treatment, I have but few words to add to the careful indications given by Dr. Norton, and these apply mostly to the other varieties of iritis than to that form seen too often in the train of secondary syphilis.

ACONIT.—The very first words in *Jahrs Symptomen Codex* are: "*Acute, local*, especially congestive inflammations, etc.; inflammations of the *serous* membranes. The pains are especially at *night* unbearable." In the very first stage, or in a sudden reappearance, this remedy is often of the greatest value. We are more apt to think of it in young, full-blooded patients; but the following case, which I saw in consultation with my friend Dr. Peterson, occurred in a shriveled old lady of some seventy winters. She had effected her escape from some western city, where she had been under allopathic treatment for several weeks for a very painful ophthalmia, which cold, leeches, mercury, etc., had failed to benefit. On examination, it proved to be iritis serosa. The pupil came comparatively easy under the influence of atropine, no adhesions of any con-

sequence existing, and the very severe *throbbing, pulsating* pain in the temporal region, worse at night, yielded readily to asafœtida 2. At our intended last visit we found the old lady suffering from a violent beating, throbbing headache, the eye slightly red again, evidently ready for fresh trouble. Exposure to a cold draught in the hall while going down to the dining-room, was apparently the only cause.

R Tinct. Aconiti, gtts. viij.

Aquæ, ʒij.

D. S. a small teaspoonful twice every half hour, then every hour until relief, which came after the first few doses without medicinal aggravation, and was permanent. Dr. Payr also recommends it in the 1st and 2d dil.

ASAFOETIDA in *throbbing, pulsating* pains in the temple, especially in the female sex, and after use or abuse of mercury.

CHININUM, SULPH. AND MUR.—The use of this valuable medicine in iritis I learned from my venerable friend Dr. Geo. E. Belcher, and the more violent and periodic the attacks of pain are, the greater its usefulness, especially in iritis serosa, with little or no tendency to adhesions.

CEDRON has been a favorite remedy of mine in facial, especially supra-orbital neuralgia, and in more than one instance a single dose was sufficient, where the periodicity was well marked.

If the higher potencies should not be found all-sufficient, as it may happen in one or the other case, and we are compelled to use the lower and lowest ones, there is great objection to the taste of these medicines, which may in the easiest way be overcome by sprinkling it upon a piece of moist wafer, which can be rolled up and swallowed without grimaces by the daintiest patient.

MERCURIUS, in its different combinations, of which still the corrosivus holds its own best, is indispensable in syphilitic, in adhesive and in purulent (hypopion) varieties. Dr. Payr also recommends the external application of M. vivus in ointment, to be rubbed in thoroughly on the forehead. Even granted all that can be imputed as mischief done by mercury, there is no doubt, if I had to choose between salivation and no adhesion or no mercurial symptoms and adhesions, I would

in my own person ten times prefer the first alternative. But we do not need to go so far; generally, before any mercurial symptoms appear the disease will yield. The persistent use of the middle potencies, with the occasional application of atropine, gives still the best chances in the treatment for old adhesions of the iris; and, instead of hunting through the whole materia medica after some out-of-the-way symptom, a change between corrosivus, solubilis, dulcis, vivus, precipitatus ruber and albus, jodatus and bijodatus, nitratis, cinnabaris, is far preferable. The abuse so frequent in the old school should not prejudice us against a remedy, and to ascribe everything bad which may happen after a dose of mercury has been given to that agent is simply overshooting the mark. Of course I do not mean that no other medicine should be given, either as intercurrent or if plainly indicated by prominent symptoms; but the benefit often undoubtedly derived in this way should very often not be heralded in this style: "Mercury did no good, but X<sup>200</sup> cured the case;" while the fact is that mercury did the work, and paved the way over which the other could easily travel.

The cases which imperatively call for mercury are by no means always marked by great pain; some present only great intolerance of any light, and rare cases even not that in any marked degree. The latter I have almost only observed in young, very scrofulous persons, where the inflammation was of a sub-acute, asthenic character, and where only very close and careful observation disclosed its insidiousness. The principal sign, for me, is the tendency to form adhesions, especially where a thin bluish film overspreads the whole pupil. This can only be seen with the oblique light, through a strong convex lens, thrown on the iris. This should never be neglected, even if the patient has to be brought partially under the influence of an anæsthetic.

TEREBINTHINA.—It is a pity that we have only a very incomplete proving of this drug, and a still greater pity that a hero is neglected, while so much valuable labor and talent is employed to discover great things in some new novelty. I am free to maintain that the heathen allopath knows much better the value of it than we. In regard to diseases of the eye, which interest us here alone, I will mention a cure reported

by Dr. Maren, of Eberfeld. The patient suffered from a very severe amblyopia, showing already beginning signs of atrophy of the optic nerve, and resisting all medication, not only, but gradually getting worse. Accidentally mentioning once the suppression of habitual transpiration of the feet, through standing in a wet place for a long time at a hunting expedition, the Doctor took up this hint, and brought back, by daily several times repeated rubbing in of spirits terebinthinæ and spirits formicarum on the soles of the feet, not only transpiration but also normal vision, in the course of a few months. In iritis, especially that of a rheumatic type, many oculists of the old school employ terebinthina internally with marked success, and I have used it in the first and second dilution often with great benefit where, either the kidneys or suppressed transpiration gave an indication. I have the conviction that even strong though recent adhesions yielded, after its use, remarkably easy to the action of atropine, and became totally absorbed, as I have seen in a case at present under my care.

Lastly, in regard to the use of atropine in iritis, it is my practice to apply it in *all* cases as soon as they come under treatment, and the diagnosis is made. If applied early enough, there are but very few cases that will not come readily under its influence; but, unhappily, the best time for its application has frequently past, and my rule is to omit it entirely if it does not produce any dilatation of the pupil in the first twenty-four hours, as it then seems to me to only aggravate the inflammation and irritation. As soon as the disease is on the decline, however, the atropine is energetically applied again, because the more recent the adhesions are the easier they will yield.

Fortified with these medicines, the cases are but few and far between where an iridectomy is in the end required, and these are mostly complicated cases, where either the cornea or choroidea have also been affected, or such as have been neglected by patient or physician.

## SULPHATE OF ATROPINE: ITS USES AND ABUSES.

By GEO. S. NORTON, M. D.

*Read before the N. Y. County Homoeopathic Medical Society.*

Sulphate of atropine is the substance now generally used to produce dilatation of the pupil, and stands at the head of our class of mydriatics. It is the active principle of the atropa belladonna dissolved in stronger ether, 60 grains to 4½ fluid ounces, to which is added, drop by drop, a mixture of sulphuric acid and stronger alcohol, 6 grains to the fluid drachm, until the atropine solution becomes saturated, care being taken not to add too much sulphuric acid, as is frequently done with the preparations we procure at the pharmacies, as too much proves very irritable to the eye.

A solution of 4 grs. to the ounce of water is most frequently employed for dilating the pupil, although a much weaker solution, or even the crude substance itself, may be indicated in special cases. Two phenomena are noticed after the instillation of atropine into the eye: 1st, dilatation of the pupil; 2d, paralysis of the ciliary muscle, producing presbyopia.

I shall not enter into a discussion of how atropine produces mydriasis, as that is a point which has not been fully proved as yet. Whether it be by paralyzing the oculo-motor nerve, or by exciting the sympathetic, or both, remains to be decided by future investigation: which problem I trust will soon be solved, since our worthy president, Dr. Allen, has taken up the subject.

Simply for examination of the fundus of the eye, atropine is seldom employed, unless there be great contraction of the pupil, or some other obstacle in our way of getting a clear view of the interior; although there is no objection to its use, as it does no injury, and its effects pass away in two or three days usually, though in many cases it may be a week or more before the pupil regains its normal size. We should only take the precaution never to use it when there are any suspicions of glaucoma, such as dilated pupil, severe pain, sudden increase of presbyopia, etc., as it will do great injury, only adding fuel to any existing glaucoma, or fanning into flame a latent type of this dire disease, causing it to take on an acute form and go rapidly on to destruction of the eye, unless



some vigorous measures are employed to prevent it. Also, if we have dilatation of the pupil from paralysis of the oculomotor nerve, or from any other cause, atropine will do no good, and often aggravate the trouble.

IRITIS.—In this disease atropine is of great value, even in some cases being sufficient to complete a cure without the use of any other drug.

The question is often asked, can we homœopaths cure iritis without the aid of atropine. I believe we can, many cases, by a very careful selection of our remedies, if the disease be taken at the very beginning, before any exudation has occurred at the edge of the pupil; but as soon as there is any sign of an exudation, or if the pain becomes very severe and cannot be controlled by remedies, the instillation of atropine must be immediately commenced, and a strong solution is generally necessary to produce sufficient dilatation of the pupil, owing to the sluggish condition of the iris, due to the infiltration into its parenchyma. Therefore, in the beginning, we use a strong solution, and apply it often, say every few minutes, until dilatation is produced, when a weaker solution is employed, and at longer intervals. Two or three times a day, or less may be sufficient to keep up the dilatation, but this *must* be done. In a disease so frequent as iritis, we sometimes find exceptions to the above rule, some cases where atropine is not tolerated: as when there is *too great intensity of the inflammatory process*, which seldom occurs spontaneously, but is found in cases that have been badly treated by severe local applications of nitrate of silver, etc., or by the use of cold to the eye. In such cases the inflammation must first be controlled by appropriate remedies, after which the instillation of atropine may be continued, if necessary.

In cases where adhesions of the iris to the lens have already formed, we must try to break them up by atropia; but if they are too strong, and resist the action of the drug, its use must not be persisted in, as it only irritates the eye.

KERATITIS.—In this disease, atropine is used extensively by the old school to diminish the sensibility of the cornea, and lessen the intra-ocular pressure; but it is not required when homœopathic remedies are employed, and even does damage in many cases, therefore should never be used except in deep



ulcers in the centre of the cornea which have a tendency to perforate; then we should dilate the pupil widely, so that in case the ulcer perforates, the iris will not be drawn into the opening.

This drug is of great use in operations upon the eye, especially that for cataract.

**CATARACT EXTRACTION.**—In any mode of operating for the removal of an opaque lens, the pupil should be widely dilated before the operation is commenced. This rule will hold true, even in Liebreich's operation, where it is least necessary; for though the pupil contracts after the evacuation of the aqueous, even after the use of atropine, yet not as firmly as it otherwise would. As a general rule, after the extraction it is not used, unless there be some symptoms of iritis, when it should be immediately employed; although some surgeons use a drop every day or two for a short time, so as to keep the pupil dilated and the iris at rest.

**DISCISION.**—Before discision of a cataract the pupil should be widely dilated, and must be kept so by the daily instillation of atropine after the operation, to prevent iritis, which is liable to occur from the swelling of the portions of the lens substance.

**IRIDECTOMY.**—The use of atropine in this operation varies. When it is performed for posterior synechiæ, it may be necessary to assist in tearing away some of the remaining adhesions. When the iridectomy is simply to make an artificial pupil, atropine is not necessary, and when for glaucoma, is injurious.

This comprises the principal diseases and conditions for the use and non-use of that important drug, atropia.

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## CHROMICUM ATIDUM.

By F. G. OEHME, M. D., Tompkinsville, N. Y.

[N. B.—The following list of symptoms is the result of several provings with low dilutions on myself in the course of several months. The symptoms, with the exception of vomiting after an overdose, appeared only after a long-continued and repeated taking of the acid.]

**Analogues.**—*Daphne indica*.

**General.**—The pains are on the left side worse and longer

lasting than on the right. Quick walking gives relief. Cold water and a strong draught of air cause or increase the pain. Tiredness and weakness.

*Skin.*—Mostly in the evening, disagreeable prickling and itching here and there, with uneasiness in the limbs, so that he was obliged to get up from sitting or lying, and walk about.

*Sleep.*—Notwithstanding the good sleep at night, great sleepiness daytime; but, if he lies down for a nap, can not fall asleep. Wakes up at early dawn, and cannot fall asleep again, although still sleepy and not excited.

*Sensorium.*—Heavy, dull, stupid.

*Eye and Ear.*—Diminished vision. Occasionally, sensation in the right ear, as if water was in it; it appears and disappears suddenly.

*Teeth.*—Soon after going to bed (10 o'clock P. M.) two attacks of very violent tooth-ache on the right side. Each attack lasted about ten or fifteen minutes, with a free interval of several minutes between. During the second attack, the painful teeth seemed as if too long; the pain extended into the forehead, a pain between the head, left shoulder-blade and shoulder grew much better. During the pain he was frequently obliged to change his position. After the second attack such uneasiness in the limbs that he was obliged to get up and walk about. The teeth of the right side felt too long even the next morning, and cold water produced pain. Repeated toothache of short duration, especially in the lower jaw, on the right side. During the attacks the corresponding artery beats more violent than on the other side. In the night sudden, violent pain in several undecayed teeth on the left side, especially in the lower jaw; while the pain lasts the corresponding arteries beat more violently. In the morning, after the usual rinsing of the mouth with cold water, toothache in the left lower jaw for a short time.

*Mouth.*—During the eating of the food, which tastes well and natural, sensation as if the exhaled air smells putrid, causing almost nausea. He smells several times of the food, thinking that the stench might proceed from that.

*Throat.*—White phlegm in the throat, causing hawking, especially in the morning.

*Stomach.*—Nausea, transient, at different times, especially

when the stomach is empty. Half an hour after a simple supper nausea, gradually increasing, with a sensation as if a stool would follow. A swallow of diluted Madeira tastes singularly disagreeable. Several times vomiting of food, and afterwards three times of bile, with much retching, at intervals of five or ten minutes, accompanied by warm perspiration and natural heat. Quick walking about relieves the nausea which precedes each vomiting. Between the attacks of vomiting, a kind of pressure and fullness in the stomach, so that he is obliged to loosen his clothes. Soon after the last vomiting, sleep for half an hour, after which slight pressure or heaviness in the stomach. (After taking a few drops of the first decimal dilution, a too strong dose, shortly before supper.)

*Stool.*—Watery diarrhœa, with nausea and dizziness (in a girl of fourteen years).

*Heart.*—Suddenly a violent stitch in the region of the heart. The pain disappeared only gradually, after several minutes.

*Neck, Back and Limbs.*—For almost three weeks, an apparently deep-seated pain, with stiffness, at times more severe, at others less, in the left shoulder, shoulder-blade, and the left part of the back of the neck up to the occiput. For several days it was so violent that the slightest motion of the affected parts was very painful; at night even the sleep was impaired, as only certain positions were endurable. The rising from a laying position caused much pain, and the turning of the head toward the left and backward was impossible. The least pains were felt when standing and walking. At times the pain extended into the left olecranon to the muscles on the chest below the left shoulder and spina. All muscles connected with the shoulder-blade were more or less affected and painful to the touch. The least draught of air increased the pain. The use of the left arm was impeded. In drawing a long breath, a stitch in the upper left part of the chest, near the shoulder. Coughing caused very violent pain over the whole upper left part of the chest, and deep coughing was impossible. Pressure on the chest. No affection of the lungs. *Daphne indica* cured this rheumatic-like pain. The pain moved from the left shoulder-blade down to the pelvis, and the lumbar region was sensitive. Several times a short lasting growing pain, with lameness, in the middle of the left

brachium, in front, as if from a severe blow. Transient pain in the left elbow. The arms fall asleep easily. Short lasting slight pain in the right elbow. Drawing, deep-seated pain, as if in the bone, in the upper half of the left thigh, in front, extending to the hip-joint.

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### CHAM. IN ACUTE LARYNGITIS WITH SPASM OF THE ARYTENOIDEUS MUSCLE.

By FRANK D. MAINE, M. D., Windsor Locks, Conn.

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Among some very interesting cases occurring in my practice of late, none has exceeded in interest a case of acute laryngitis with spasm of the arytenoideus muscles. The infrequency of the affection in the adult, and the danger to life by apnœa consequent upon the affection, and the remarkably speedy amelioration of dyspnœa in the case in question lead me to present at least a resumé of the clinical history.

Mrs. C., a lady of 23 years, has for a long time complained of a sensitive throat, but never experiencing any further trouble than slight hoarseness on taking cold, with perhaps enlarged tonsils so frequently met with, never, however, compromising in the least free respiration.

When called to see her, at 7 P. M., she had been suffering three hours, the latter part of which time with the most violent dyspnœa; found her sitting up from orthopnœa, eyes protruding, lips pale, *one cheek flushed*, extremities cold, respirations quick and irregular, pulse soft, quick, and fluctuating. The respirations simulated those of membranous croup; and indeed there was present the dry, spasmodic, croupy cough. Complete aphonia was indicated, not only by the cough, but in the futile attempt to express her condition audibly. She had taken medicine seemingly indicated, but with no good effect.

Prior to inquiry and observation, I thought there might be sub-mucous infiltration above the rima glottidis, but soon learned that the dyspnœa was consequent upon a spasmodic condition of the muscles of the vocal chords, though there must have been considerable congestion also about these organs. Learning from circumstances that laryngitis was a

primary affection, I reasoned that the spasms were due to an irritation of the laryngeal nerves, arising directly from contact with the inflamed larynx; and remembering that cham. is not only spasmodic in its action, but that it affects in a marked degree, the pneumogastric nerve and its branches, producing also that *excessive* restlessness with which our patient was afflicted, I gave it at once, and almost *immediately*, as if by magic, was she relieved; and, to further insure that it was the action of the medicine, there was not a single repetition of spasm after the administration of the second dose, which was repeated ten minutes after the first.

The lady improved rapidly, and was soon in her usual health.

I can testify, further, to the good effects of cham. in spasmodic affections at some future time.

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### CLINICAL CASES.

By F. R. SCHMUCKER, M. D., Reading, Pa.

#### CASE I. SPONTANEOUS SEVERANCE OF THE CHORD DURING DELIVERY.

On April 17th ultimo, I delivered Mrs. D. of a male child weighing 12 pounds. Vertex presentation, with occiput to left acetabulum. Everything regular until delivery of the child, five hours after pains had set in. Upon removing the child I found, to my surprise, that the cord, upon which I had made no traction whatever, was completely divided, about three inches from the umbilicus of the child. No alarming hemorrhage occurred; the child was living and well, and the mother has made a good recovery. Inasmuch as the child was alive, the cord, which was somewhat shorter than usual, must have been severed by forcible tension in the last violent expulsive effort of the mother.

#### CASE 2. VERIFICATION OF RUMEX.

J. W., aged 26; dark complexion, medium height; married. Came to me March 25th ultimo, with great dyspnœa, constant dry, hacking cough, haggard look, mucous râle at apex of right lung, with slight dullness on percussion. He detailed to me the following symptoms:

Commenced coughing about two years ago, have had more or less of it constantly ever since. Sometimes pain in left side, just below nipple; no pain in right side. Never could expectorate; always a dry cough, excited by tickling in supra-sternal fossa, sometimes in larynx; sensation as if a lump in throat, not relieved by hawking or swallowing. Much tough mucus in larynx, with a constant desire to hawk and raise it, but without relief. When drinking anything warm it would burn all along back of sternum. Sharp pain in left chest, sometimes shooting downwards. Sometimes had a rattling in left side, along sternum, when drawing breath. Often soreness and rawness in larynx when coughing, sometimes extending further down into chest. No appetite; after eating, the food would taste for several hours; sometimes eructations; sensation of fullness and pressure in pit of stomach; rumbling in bowels. Often diarrhœa; did not notice color of stool. Thighs and back covered with a rash, small red pimples. Aching in various parts of the body, worse in the evening and while undressing. Had considerable dyspnœa all this winter, but much worse during the last three weeks. Had night sweats ever since cough commenced. Very restless nights. Cough worse in morning; in coming from cold air into warm room; upon stopping after a walk; when first lying down at night; in smoke; in kitchen, where cooking is going on.

Gave rumex<sup>30</sup>, a powder every three hours. Returned in a few days, much improved. Had copious expectoration of greenish yellow mucus the day after commencing treatment; less dyspnœa; rested better at night; all symptoms improved. Continued rumex<sup>30</sup>.

May 2. Patient has gradually improved under rumex<sup>30</sup>, three pellets three times a day. Only gave sulph.<sup>30</sup> once, as an intercurrent, when rumex seemed to have ceased to act. He now reports himself feeling perfectly well. All former symptoms entirely relieved, except a very slight cough occasionally in morning. Continue rumex<sup>30</sup>, three pellets morning and evening.

Patient is a laborer in a foundry. Have seen him quite lately, and found him working regularly and feeling perfectly well.

## CASE 3. VERIFICATION OF LACTIC ACID.

J. E. P., aged 30, has had profuse sweating of his feet constantly for as many years back as he can remember, not offensive, causing soreness between the toes; feet cold in spring and fall. For at least nine years past has had a constant cough, worse in spring and fall; sometimes but rarely any expectoration, and was under the impression that he had pulmonary consumption. Upon examination, I found his lungs to be sound. The sweating of his feet led me to give lactic acid<sup>3</sup>. This was in May last. Has had no other medicine. Constant improvement ever since, and he is now (Oct. 22) entirely free from cough, and the perspiration of his feet is scarcely, if at all, perceptible. The patient declares that he has never enjoyed as good health as now.

I was led to prescribe lactic acid in this case from the foot symptoms experienced by myself in proving that remedy while a member of the proving class of Prof. T. F. Allen, M. D., as published in the N. Y. JOURNAL OF HOMŒOPATHY.

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DISPENSARY OF THE NEW YORK HOMŒOPATHIC  
MEDICAL COLLEGE.

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REPORT OF CASES PRESENTED AT THE SURGICAL CLINIC.

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By JOHN H. THOMPSON, M. D.

June 23d, 1873. L. F., an infant aged 11 months, had a large and partially ulcerated nevus, about two and a half inches by three-quarters of an inch, of an irregular shape and but little elevated, situated in the left groin. As it was entirely too large to be embraced by either one, two, or four ligatures, according to the mode pursued by some, I decided to perform Erichsen's method of passing a needle armed with a white piece of saddler's silk about six feet long (half of which had previously been stained black with ink) through the skin at one end of the tumor, until only a few inches of both ends were left hanging; then at one half of an inch from the first point entered it is carried back again, and so on, back and forth, until the other end of the nevus is reached, leaving double loops on each side; the white loops are then cut on



one side, and the black ones on the other, and the tumor is ligated by tying the white threads on one side and the black ones on the opposite.

24th. Although the child was very sick, he was brought to me at the clinic. The pulse was 225 per minute, and skin very hot. Gave aconite immediately, and repeated the dose every twenty minutes, and in one hour the pulse had subsided to 208, when he was sent home, with directions to have the medicine continued at intervals of from twenty to thirty minutes until 6 P. M., when I called to see the patient, and found him greatly improved. Continued the aconite every hour, and gave one or two doses of ignatia, as he started during sleep.

25th, 11 A. M. No fever. The patient continued to do well. After three days more, on the 28th, the whole nevus had nearly sloughed off. Put a single ligature around the whole of it, and it separated in twenty-four hours, leaving a very healthy granulating surface, which was dressed with ung. bals. Peru.  $\mathfrak{z}$  ij to simple cerat.  $\mathfrak{z}$  ij.

This dressing was continued, and in three weeks it was entirely healed, without a trace of anastomosing blood-vessels.

H. B., aged 25; occupation, cloth printer; *excrecentia fungosa*. This proved to be a very tedious case, from a wound he had received at the end of the second metacarpal bone (forefinger) from the tooth of a man whom he had struck in the mouth. His hand was much swollen and very painful. Gave extr. hamamelis, diluted with water one part to four, for external application.

May 24th. Two days afterwards, the inflammation was reduced, and the hand felt much better. Gave the same, with tinct. calendula.

June 3d. A fungus growth had now appeared in the wound. This was cauterized, and a compress put on wet with the same lotion.

10th. Seemed to be healing up under the skin.

14th. There was a slough on top, and the opening of the wound was much larger. Cauterized again, and ordered a poultice of flaxseed meal.

24th. The growth still persistent. Applied cupri sulph. pure to the top of it. But even that did not have much effect,

and on the 26th I cut out the fungus and applied the cupri sulph., pulverized, upon the raw surface, entirely filling up the cavity, without causing much pain.

28th. Removed the sulphate of copper. The growth had not increased perceptibly. Made a fresh application, and directed him to pick it out and make an application every day when I did not do it myself.

July 12th. Although I had seen him from time to time, the fungus had now grown so much that I was obliged to cut it out again; after which, made the same application and wet it with tincture of calendula, and applied a lotion of hamamelis to the back of the whole hand, as there was rather more swelling than there had been.

This treatment of dissecting out the fungosity, and applying the cupri sulph. as last mentioned, and also the hamamelis, was continued for six weeks longer, the wound gradually closing up and looking more and more healthy, until, finally, August 26th, I was enabled to discharge him entirely cured, and with good use of all his fingers, which for the greater part of the time had been very stiff.

Much of the tediousness of this case is to be attributed to the fact that the patient continued at his occupation, working in the poisonous dye-stuffs used in the printing of calicos, during the whole of the time he was under treatment, with the exception of one week and Sundays.

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### CLINICAL CASES.

By H. P. PARTRIDGE, M. D.

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#### NUX VOM. IN AGUE.

CASE 1.—Man, æt. 21. Quotidian four months. Chill begins in the knees and back; *nails blue*; thirst before and during the chill. This stage lasts from one to two hours. Hot stage has no thirst, but profuse epistaxis from right nostril during hot stage, which lasts one hour. Sweating stage is wanting. Stated that he had been treated by four allopathic physicians, at different times, for this disease, without effect. Nux v.<sup>1000</sup>, a few pellets in prescription sac lac. was ordered to be taken night and morning. Reported in six days that he

had a slight paroxysm the next day after taking the first powder, and no more.

CASE 2.—Boy, æt. 17. Taken Sunday with a chill, followed with a dumb form of ague, with partial paralysis of lower extremities. Was called Wednesday P. M. Gave nux v.<sup>1000</sup>, which changed this form into the tertian without a chill (chill was wanting after the first). Nux v.<sup>94000</sup> completed the cure.

CASE 3.—Boy, æt. 13. Intermittent fever. Was called during first paroxysm of this year (cured him of ague two years ago with sepia<sup>500</sup>). Chill now commenced at 11 A. M., lasting one hour; *nails blue*; was in hot stage when I arrived. Nux v.<sup>1000</sup> was given night and morning. Reported, four days later, that he had only had one paroxysm since, but an eruption had become very conspicuous upon and around the lips. Continued nux v.<sup>1000</sup>, a powder each night. His mother reported to me, five weeks later, that he had only one paroxysm after commencing to take the medicine, but had improved every way in health.

CASE 4.—Woman, æt. 30. Intermittent fever. Two months tertian. Chill commenced at seven A. M., lasting twenty minutes. *Nails blue*. Hot stage lasted fifteen minutes. Sweat nearly all day. Head ached so she was obliged to lie down. Nux v.<sup>1000</sup> night and morning. Did not have another paroxysm after taking first powder.

CASE 5.—Man, æt. 21. Chill every morning, with epistaxis and neuralgia, commencing in temples and extending down ramur of inferior maxillary, and posteriorly to occiput, for two months. Cured by nux v.<sup>1000</sup>.

### NOTES ON PRUNUS SPINOSA.

Letter from Dr. O'CONNOR.

1331 G STREET, WASHINGTON, D. C.

*My Dear Doctor:*

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A few points about prunus spinosa. Try it in cases as follows: chorio retinitis; fluidity of vitreous (synkysis) myopia, with scleractasia posterior; opacities floating in vitreous (hem-

orrhagic). In two cases, with all the above, it has been of the most signal benefit, and the diagnosis in each is not my own: (1) one is yours (Miss L.), and (2) one is Dr. Reulings.

In another case of irido choroiditis, no fluidity of vitreous, and no floating bodies, but with symptoms nearly the same. It was curative.

(3) In another case of iritis and cyclitis, with anterior synechial, it relieved after spigelia and rhus failed.

(4) In another, an old woman, 76, with paralysis of same side, cornea nearly opaque, with excessive congestion of the superficial and deep vessels, conjunctiva and sclerotic, it relieved.

In all these cases the indication was the pain, which was of a crushing or wrenching, or "pain as if pressed asunder." I would illustrate it by enclosing an apple between the two hands, and holding fast with each, turning the hands in opposite directions on the same plane, and the apple is literally "pressed asunder." Apply this proceeding in imagination to the eye-ball, and any pain that will convey the above idea to the doctor's mind will be the indication for prunus. I didn't get it exactly in all the cases, but nearly like it was "wrenching," or "as if turned inside out" (the ball itself), or simply "crushing pain," &c.

In Nos. 1 and 2, the words "benefit" and "curative" refer simply to the sufferings of the patient and the appearance of the eye externally, not to the pathological process. In No. 1, sufficient time has not elapsed to state the result. In No. 2 (Dr. B.'s diagnosis) the diseased condition is undoubtedly progressing. In No. 3, the process was arrested (Mrs. R.) for over a year, but has re-awakened, and will, I suppose, go on to eventual blindness. P

In No. 4, an iridectomy was made, which prevented any return of the iritis, which had recovered four or five times, and in the next case an examination of the fundus was impossible before or after treatment.

In all these cases, the 2<sup>m</sup> Fincke was used, in water.

In case No. 3, the tincture was used at first with marked effect. You saw the result when she came to New York to be operated upon for glaucoma, and the result of your examination you know. In this same case, the 30th (I think), and the 200th

*the opera  
was not  
needed,  
Dr. Allen's  
Astonish*

I know, were used, but the effect was not perceptible, or so slight that the patient considered the result of no value. The 2<sup>m</sup> of Fineke was as marked in its effect on her as the tincture.

*in* By an odd coincidence, all these cases were in the right eye only. No. 2 had both, but right much worse.

I write at this length that you may have some foundation, however slight, upon which to essay some trial of the remedy in such pathological states as these I have mentioned, as well as to test its value in others when the characteristic pains may be present.

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EXTRACT FROM A LETTER FROM PROF. C. A.  
BACON, IN BERLIN.

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Prof. Virchow's instructions during the summer were given partly by lectures and partly in courses called demonstrative and practical. The lectures were delivered daily at 11 A. M., the Saturday lecture being public and on the subject of the pathology of the diseases of the lungs. The other lectures had to be paid for, and were on the subject of Special Pathology, namely, of the digestive canal. The "demonstrative course" occupied the entire morning, Monday, Wednesday and Saturday, until 11 A. M. It should commence at 8 A. M., but Dr. Virchow has a little way of always coming late. Mondays a *sectio cadaveris* was made, at first by Virchow himself, afterwards by the students, under his direction. The other two days, Prof. Virchow exhibited, explained and passed around to the class fresh pathological specimens. The other three mornings, Tuesday, Thursday and Friday, from 7 till 10 A. M., his assistants gave us a "practical course" on microscopic pathology. At the beginning of the hour, the material to be examined was explained to us, and then we were told how to examine it, and supplied with the material and helped by the assistants. Dr. Virchow theoretically conducted this course also, but practically he was only there three times during the semester. As an example of how the demonstrative course was carried on, I have written out the remarks which he made over two specimens on Wednesday,

June 25th. All the pathological specimens from one cadaver are presented together, and their relationship to one another particularly explained, which is a much better arrangement than they have in Vienna. The two specimens alluded to above were the brain and its membranes and the mesentery from a fatal case of tubercular meningitis. They afforded Dr. Virchow an opportunity to attack the old-fashioned teaching, originating with Bichat, that the pia mater and arachnoid are two distinct membranes. He drew on the blackboard a sketch of the optic commissure and the pons varolii, and of what are called the pia mater and arachnoid, stretching like a bridge over the intervening space. "Now," he said, "this which is called pia mater is in texture like a spider's web, and this denser tissue lying more to the outside is called the arachnoid, and if the theory were right the names are certainly wrong. But the two are really one membrane. In the fissure of Sylvius, what is called the arachnoid passes over the fissure with only a depression in its course. From it a membrane of the same material but looser texture fills the fissure and the intervals between the convolutions, and the fluid exuded in acute hydrocephalus is not to be found between these so-called serous membranes, but when found in this locality is collected at the bottom of the fissure in the neighborhood of the artery of the fissure Sylvius. In other words, the convolutions of the brain are not separated as the lobes of the lung are, by a serous membrane covering each lobe and leaving an intervening open space, but like lobuli are divided by an interstitial membrane, with no such open space. The fact is, Bichat took up the idea that every cavity in the body was lined by a serous membrane in the form of a closed sack. He went crazy over closed sacks, and wanted to make one for the brain out of the thinner of the two meninges. In the case presented, the arachnoid, or pia mater, call it as you will, was covered with tubercles, the essential element of acute meningitis. Some are disposed to refuse to these the name of tubercles, because, as they assert, they never become caseous. They forget the natural history of tubercle. A tubercle when young is a small, translucent body, which becomes caseous only in its old age. The process here is always acute and inflammatory, and generally

terminates in the death of the patient before there has been time for the tubercles to develop into the caseous condition of their old age, which, however, does in some rare cases happen.

"The mesentery from the same cadaver was, more especially in that part which lay in the recto-vesical space, also the seat of tubercles. Here the tubercles were collected in small masses, which were peculiar in that they presented the appearance of carcinomatous masses. They had neither the white color of the caseous masses of the older-developed tubercles, nor the translucent appearance of the young ones, but a color between the two which much resembled cancer. On closer examination, one would see that they had not developed as cancer develops, but as tubercles do, *i. e.*, they had not increased in size by growth, but by the coalescence of a number of similar bodies. It is thus that tubercular masses increase in size: First, single tubercles are developed, then others near them, until a number unite, and then the mass may increase by the appearance of new tubercles around its edge. Thus the edge will always have a certain unevenness in contour. The mesentery was here congested, not hyperæmic. The latter term implies simply an increase in the quantity of blood in the part, which may result from dilatation of the vessels; the former term an increase in the number of vessels. In this mesentery these tubercles were not the primary affection, but grew in the newly-organized tissue resulting from a fibronous peritonitis. Their growth had been slower than that of the tubercles on the base of the brain, in fact had been chronic, and hence accompanied by congestion rather than hyperæmia, and they were becoming caseous."

In the above I do not pretend to give verbatim what Prof. Virchow said, but rather an illustration of his method of teaching in this demonstrative course, of his careful analysis of the cases, and of his minutely accurate use of language.

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### TUBERCULOUS INFECTION FROM MILK.

Dr. Klebs, in an article on the artificial production of tuberculosis, in *The Archive for Experimental Pathology and Therapeutics*, gives the result of a large number of careful experiments as follows: 1. Milk from a tuberculous cow causes tuber-



culosis in various animals. 2. This form usually commences with intestinal catarrh, then passes on to a tuberculous affection of the mesenteric glands (scrofulosis), then to tubercnlosis of the liver and spleen, and finally to a diffused miliary tubercnlosis of the thoracic organs. 3. We find in this the same course as in human scrofulosis and secondary tubercnlosis. 4. The tuberculous infection by the milk can be overcome by a vigorous organism, just as tubercule already formed may be re-absorbed or heal by scar. 5. The tuberculous virus is present in varying quantities in milk, from more or less diseased cows. 6. The same virus is present in solution in the serum. 7. It is apparently not destroyed by ordinary cooking.

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### ACTION OF ATROPIA AND PHYSOSTIGMIA ON THE BLOOD CORPUSCLES.

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Dr. Osler read a paper before the Medical Microscopical Society of London, giving his results in experimenting with solutions of the sulphates of these alkaloids on the blood. He hoped to show in the corpuscles the already demonstrated antagonism between these reagents, *but reached an exactly opposite result*, both solutions checking in a somewhat similar manner the amoeboid movements of the white corpuscles, and both causing the red corpuscles to become irregular from involutions and cuppings of the surface. The reagents, mixed, produced the same changes as when applied separately.

These experiments on the action of reagents on the blood, outside of the body and beyond the influence of nerve stimulus, really prove nothing at all. Deductions from such experiments are fallacious and apt to mislead —(Eh.)

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### THE MICROSCOPE IN LEPROSY.

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This is a subject which has been gone into very fully by Dr. Carter, of Bombay, in his paper this year read before the Royal Medical and Chirurgical Society.

After dealing with some of the more medical portions of the subject, it stated that the structural changes observed are due to exudation or deposit in the skin and appertaining nerve-trunks of a firm, translucent, colorless or pale reddish material, which may be distinguished by the borrowed terms hyalin-fibroid and hyalin-granular. As regards the skin, conjunctiva, and adjacent mucus membrane of the mouth and larynx, this deposit (here hyalin-granular) first appears within or immediately beneath the membrane proper; accessory organic and even the blood-vessels are secondarily involved, but it has been noticed that the tactile corpuscles disappear before other less sentient elements.

As regards the nerves, this deposit (here hyalin-fibroid) first appears between the individual nerve-tubules, and within their sheath—i. e. the neurilemma of the funiculus—the outer envelope of connective tissue is hardly changed. By accumulation of the new material the tubules are separated, compressed, emptied, and eventually destroyed. The microscopic characters of this leprons deposit are then referred to. The material looks exudative, but may be derived from proliferation

of connective tissue corpuscles ; it undergoes slight development, and is susceptible of degeneration.

In sixteen autopsies of lepers consecutively dying in hospital, no trace of deposit was noticed in the muscles, bones, or any of the viscera. The brain and spinal cord were wholly free from such deposit, &c.—*Monthly Microscopical Journal*, July, 1873.

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### THE DEVELOPMENT OF CANCER.

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In a late number of Virchow's *Archiv*, Dr. Carmalt records the result of the examination of three carcinomatous tumors removed from the skin of the nose, the cheek and the eyelid.

Thiersch, in his work on cancer, has pointed out that the epithelial cells of the sebaceous and sweat glands, and especially the cells of the rete Malpighii, are often the point of departure for cancer of the skin ; and he casually includes the epithelium and the hair follicles in the same category. In the hair-follicles, Dr. Carmalt found, not only an increase in the outer layer of epithelium, but also offshoots from the follicles, diverticula lined with epithelium, penetrating the connective tissue to various depths and in various directions. A section, made either obliquely or parallel to the axis of the follicle and passing through the diverticula, gave exactly the appearance of the ordinary cancer-alveoli, filled with epithelial cells. In certain preparations it was possible to see the alveolar groupings of the cells pass into long processes lined with epithelium, which, again, opened into the hair-follicles, so that the appearance was that of a group of acinus glands, with their excretory duct.

Other sections presented a still more complete picture, viz., the enlarged follicles and their offshoots, the alveolar groups of epithelial cells, evidently in connection with the follicular offshoots, and, lastly, isolated epithelial alveoli situated more deeply in the tissues, and showing the ordinary characteristics of cancer-alveoli.

Carmalt thinks it is hardly to be doubted that these isolated cancer-alveoli were also originally in continuity with the hair-follicles and their diverticula.—*Monthly Microscopical Journal*, July, 1873.

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### BRADY ON BRITISH MEDICINAL PLANTS.

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In the course of his address as President of the Pharmaceutical Conference at Bradford, Mr. Brady observed that we are possibly too apt to search at a distance for medicaments, to the neglect of many within easy reach of our own doors. Prof. Christison corrected this tendency in one remarkable instance by the re-introduction of our common male fern (*aspidium felix-mas*) in place of the foreign remedies for tape-worm which were so popular a few years ago ; and it would be easy to point to many other indigenous plants that have more recently received the testimony of medical authority in their favor. For example, the rhizome of the bog-bean (*menyanthes trifoliata*) has been stated to be in many respects superior to the root of its ally, the officinal gentian ; and the dried leaves of the common raspberry (*rubus*

idrens), used in some parts of the country in domestic practice in place of ergot, yield by no means the inert infusion that might be expected. The use of the expressed juice of the common periwinkle (*vinca minor*) in uterine hemorrhage, of the rhizome of the couch grass (*triticum repens*) in irritable bladder, of the red clover (*trifolium pratense*) in hay fever, of one of our brown sea-weeds (*fucus vesiculosus*) in obesity, of a species of bed-straw (*galium aparine*) in some cutaneous affections, of the rhizome of the burdock (*toppa minor*) in syphilitic eruptions, have all given results that, if not sufficient to establish the claims made for them, at least show a *prima facie* case in their favor. The last-named is but one instance out of several in which an indigenous British plant is officinal in the United States pharmacopæia, and not in our own. A Russian physiologist recently observed that the alcoholic extract of our common hound's-tongue (*cynoglossum officinale*) had all the properties of curare; and though a series of experiments made by Mr. Brady a year or two ago, in conjunction with Prof. M. Foster, by no means confirmed the statement, they showed that the plant had nevertheless certain very peculiar effects on the nervous system, which further research might utilize.—*London Medical Record*, Oct. 8, 1873.

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## DECAISNE ON HAY-ASTHMA OR HAY-FEVER.

By ALEX. B. MACDOWELL.

At the meeting of the French Academy (Aug. 25th), M. Decaisne gave the result of eight years' study of this disease, and observations of 101 subjects. His conclusions are the following:

I. This affection seizes indifferently those who are exposed to emanations from forage plants, and those not so exposed. Without absolutely denying the influence, in some cases, of such emanations, as aggravating the disorder, their part is to be considered a secondary one.

II. All the symptoms appear at any season, in consequence of insulations and coolings, the body being in a state of perspiration; and they specially occur in emphysematic persons exposed to irritant powdery emanations.

III. Annual periodicity does not appear proved, most of the subjects proved having sometimes remained several years free from the disorder.

IV. As to dyspnoea, generally regarded as a pathognomonic symptom of hay-fever, it seems to be merely the extension, more or less marked, of irritation affecting the conjunctiva and the nasal and pharyngeal mucous membrane, as often occurs in influenza, without indicating a form of idiopathic asthma.

V. The affection is to be regarded as a catarrhal fever, influenced in its cause and progress, and according to individual constitution, by the atmospheric conditions which produce acute affections of the bronchi.

VI. It should be struck out of the nosological category.

*London Medical Record*, Oct. 8, 1873.

## BERG ON SYMPTOMS OF POISONING FOLLOWING HYPODERMIC INJECTIONS OF MORPHIA.

By R. HENRY, M. D.

Dr. A. Berg, of Nyköping, relates (*Ugeskrift for Læger*, Aug. 30, 1873) the case of a woman aged 48, who had organic heart-disease and frequent attacks of bronchitis, for the relief of which she had been for several years accustomed to take syrup of acetate of morphia. A single vomiting occurred, on one occasion only, when she one night took three (3) teaspoonfuls at intervals of two hours.

The patient had lately an obstinate attack of lumbago, for which Dr. Berg injected into the lumbar region a solution containing seven or eight milligrammes of morphia. The solution used was one of a gramme of morphia in nineteen (19) grammes of glycerine and water; and Dr. Berg had used other portions of the same supply in numerous cases without producing any toxic symptoms. Half an hour after the injection, she felt very hot, and felt as if about to faint, though actual syncope did not occur, and shortly afterwards she vomited. Some strong coffee was given her, but the vomiting continued. When Dr. Berg saw her, three or four hours later, she lay in a drowsy state, but was quite conscious, and could not sleep. She had a feeling of weight over the whole body, but was quite free from pain, and had had no headache. The skin was pale and cool, the lips were blue, the pulse labored, 64, the respiration occasionally stertorous, somewhat irregular. The countenance was rather dull; the eyes were unnaturally prominent, the pupils contracted and moveable with difficulty.

There was much sweating and thirst, and occasionally nausea and vomiting. Mustard poultices were applied to the epigastrium, port wine was given in teaspoonful, cold epithems were applied to the head, cold water sprinkled over the face, and ammonia was held to the nose; but her condition remained unchanged for six hours. After this she slept quietly the whole night, and felt on awaking next morning only some dullness and thirst; but she vomited three times fifteen or sixteen hours after the injection. — *London Medical Record*, Oct. 8, 1873.

## THE RELATIONS OF GLAUCOMA, OF NEURO-RET- INITIS AND OF OPHTHALMIA NEURO-PAR- ALYTICA TO THE SYMPATHETICUS.

[From Dr. EULENBERG's *Pathology of the Sympatheticus*.]

Let us first consider glaucoma. It is well known that the essence of this disease consists in an increase of the intra-ocular pressure. As the cause of this increased pressure we commonly find inflammatory changes (chorioiditis, and hence disturbances of nutrition in the corpus vitreum). Remack already observed that primary morbid states of the cervical spinal cord may be the cause of the glaucoma. Adamæck, and at the same time Wegner gave us corresponding experimental labors on the dependence of the intra-ocular pressure from the cervical sympathetics, and on the influence of the latter on the origin of glaucoma.

Adamæck first showed that the division of the cervical sympathetics (in chloro-

formed cats) causes a diminution of the intra-ocular pressure of 1.2 mm.; this diminution was either continuous, or a consequent increase of pressure followed. When irritating the capital end of the divided sympatheticus with inductive currents, an increase of pressure of 2.4 mms. always followed, slowly increasing, remaining for some time at the same level, and passing over on a sinking, which still kept on after the irritation ceased, and gradually returned to the normal standard. The sinking of the pressure appears simultaneously with the dilatation of the pupils and the bulging out of the eye, and is caused by a diminution of the carrying forward of the blood (as in closure of the carotid). The initial increase of pressure, on the contrary, has its cause in the apparatus of accommodation. When the ciliary muscles are paralyzed by atropine, the pressure on the paralyzed eye is less by 2 mm. than in the non-paralyzed eye; division of the sympatheticus causes then no diminution, but only an increase; irritation of the capital end, *vice versa*, no increase, but an immediate sinking of the pressure.

Two apparatus are therefore set in activity by irritating the sympatheticus, which oppose one another in relation of the intra-ocular pressure, and according as the one or the other prevails, increase or decrease of the intra-ocular pressure follows. One apparatus, the vaso-motory one, diminishes the pressure; the other, probably situated in the internal muscles of the eye (apparatus of accommodation), increases the pressure. Adameck puts this increase of pressure to the contraction of the internal muscular fibres in the eye, and especially in Mueller's fibres of the choroidea, or perhaps in a part of the M. ciliaris. These muscles, enervated by the sympatheticus, propel the bulbus forward, and thus increase the tension in the anterior chamber. The fibres of the sympatheticus, which increase the pressure, do not run through the ganglion ciliare; they are not lying together with the fibres dilating the pupil in the orbita, but are in close proximity to the fibres of the optic nerve.

If we irritate in curarised animals the sympatheticus at the two lowest cervical vertebrae, ophthalmoscopic examination reveals stenosis of the arteries and filling up of the veins, the latter producing a considerable increase of pressure, as experiments of ligating the *venae vortuosae* prove. The circulation of the retina is here not interfered with, and is only increased by direct exhibition of the return flow through the veins of the retina. Adameck therefore considers, as the chief cause of glaucoma, not the increase of pressure, but the inhibition of the venous circulation, produced by the loss of elasticity in the sclera in consequence of inflammatory processes.

Wegner examined two cases observed by Kooner, where neuralgic of the trigeminus were complicated with glaucoma simplex. Especially in the second of these cases the coincidence of neuralgic paroxysms with glaucomatous paroxysms could be clearly shown. Wegner found that the vaso-motory nerves of the iris (in rabbits) stand under the influence of the sympatheticus; the trigeminus does not carry from its roots any vaso-motory nerves to the iris, but receives them from the sympatheticus; the same relation exists in the vessels of the choroidea and retina. By dividing the sympatheticus, Wegner found gradual diminution of intra-ocular pressure of 4.8 mm. Atropine acts in the same manner (internally or locally applied). In both cases the diminution of pressure is caused by the paralytic dilatation of the blood-vessels, and the experiments of Gerard and Donders on the softness of the bulbus after dividing the trigeminus correspond with it. Irritation of the vaso-motory nerves failed to give constant results; in some cases even a transient increase of pressure took place. These inconstancies may be explained by the difficulty of finding the corresponding degree of irritation, and the exhaustion of the nerves in consequence of continued irritation. In pathological cases, a trifling but continued irritation of the vaso-motory nerves might essentially modify

the normal tension. He considers, therefore, as the essence of glaucoma simplex a pathological stimulation of the sympathetic vaso-motory nerves going to the eye. The irritation of these nerves may be caused, either by their participation in an inflammatory process, or by pressure, or reflectorily by the trigeminus going to the interior of the eye.

Benedict's experiments prove that in intra-cranial focal diseases, secondarily leading to affections of the opticus, a pathogenetic participation of the sympathetics can be shown. We speak here of the retinal affections, described as neuritis and atrophy descendens as well as stasis-papilla. Benedict does not accept, in many cases, a neuritis descendens or a stasis in the retinal vessels caused by the increase of intra-cranial pressure, but thinks that in many intra-cranial focal diseases we many times encounter accompanying or preceding neuroses of the sympathetic vaso-motory fibres; that in many cases a symptomatic neuro-retinitis is based on a morbid enervation of the sympathetics, which again constitutes a symptom of manifold cerebral morbid processes. Thus Benedict also tries to explain many functional disturbances of acusticus in cerebral diseases; also the secondary affections in cerebral regions far distant from the original morbid focus, as, for instance, the coaffection of the cortical substance (dementia!) in tumors of the pons; the hydrocephalus in cases where a continuing transmission of the process of the ventricles is out of the question. On the contrary, the experiments of H. Schmidt show a direct communication between the arachnoidal space and the lamina cribrosa, and thus explain more easily the origin of the stagnation papilla, and of the simple white atrophy with an increase of intra-cranial pressure. Thus the difficulty of explaining the stagnation in the retinal vessels is partly removed, rendering superfluous the theory of Benedict of the secondary neurosis of the sympathetics in most cases of stagnation papilla and simple white atrophy.

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Let us look at the experiments of Sinitzin "on the influence of the sympathetics on the visual organ." He found constantly and immediately after the extirpation of the superior cervical ganglion an increased vascular injection of the fundus of the eye on the operated side. Ophthalmoscopy revealed that the choroideal vessels increased in volume; that their anastomoses were more easily perceivable; and that generally the fundus of the eye is considerably more red on the opposite side than on the other one. The temperature on the operated side is also increased. In the conjunctival sac, and below the Tenonian capsule, the difference of temperature is from  $0.9^{\circ}$  to  $2.4^{\circ}$  C. in comparison to the non-operated side.

Rockwell and Beard (on *Medical and Surgical Electricity*, 1871) experimented with hale persons about the influence of percutaneous galvanization of the cervical sympathetics on the blood-vessels at the fundus of the eye. A current of 10-25 elements was applied for two to five minutes, the anode in the fossa auriculo mastoidea, the kathode at the manubrium sterni, or at the side of the sixth cerebral vertebra. It caused symptoms of sleepiness, an (inconstant) sensation of heat, changes in the pupil, and a diminution of the pulse. The results on the blood-vessels of the eye varied. Roosa found, at first, hyperemia, followed by anemia of the retinal veins; Loving, a greater fullness of the veins; Hackley, a slight contraction of the arteries.

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The experiments of Sinitzin throw also some light on the relation of the sympathetics to another ocular affection, the ophthalmia neuro-paralytica setting in after injuries of the trigeminus. He observed that, after extirpation of the superior cervical ganglion, the cornea of the operated side offers, in comparison with the

other one, a considerably greater resistance to foreign and neutral substances, whereas they produced on the sound side more or less severe conjunctivitis, purulent infiltration of the cornea, with consequent exulceration and detrition of tissue in the neighborhood of the infiltration, or also severe iritis and panophthalmitis; every reaction was missing on the operated side. *After the division of the U. trigeminus in the cranium (immediately before the ganglion Gasseri) the neuro-paralytic symptoms on the eye do not appear, when not long before the operation, or immediately after it, the superior cervical ganglion was extirpated.* Even the neuro-paralytic symptoms, appearing after the primary division of the trigeminus, if they did not make already too much progress, and the cornea was still moist and shining, disappeared in two to four days after the consequent extirpation of the ganglion. Where the symptoms had already more progressed, the extirpation produced amelioration, and even set a stop to it. The same was observed in the exulcerations of the lips and eyelids after division of the trigeminus. The hyperemia, and the increase of temperature thus produced, play a great part; for it has been observed that the U depression is, under certain conditions, able to diminish or to arrest the consequences of the extirpation of the ganglion in the circulation and temperature, and thus to equalize the difference of irritability in both eyes. Ligation of the carotis on the side corresponding to the extirpated ganglion acts in the same manner.

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## POISON WITH CAMPHOR.

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By Dr. KLINGELHOFFER.

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Mrs B. C. is a healthy, strong woman. As she weaned her child, I ordered the external application of pulverized camphor on cotton over the breasts. On June 23, at 11 p. m., she took by mistake a full teaspoonful of it internally, in half a glass of water. I heard of it about two hours afterward, when it was too late for an emetic, and I concluded that by this time the camphor had been absorbed, and I ordered, therefore, cold applications to the head, and frequent drinking of cold water.

Immediately after taking the camphor dizziness set in, so that the woman left the room to get relief, but felt obliged to return. She took now a few cups of strong coffee, which produced vomiting. Her state got now decidedly worse: the dizziness increased, headache set in, burning in the gastric region, eructations, great thirst, a sensation of crawling in the lower extremities.

Status presented at 6 p. m. (six hours after intoxication): patient sits, supported by pillows, on the sofa; is perfectly conscious; appetite entirely gone; great thirst; from time to time, eructations of gases smelling of camphor; no stool; no urogenital symptoms; urine has been passed in large quantities, but a great quantity of water has been taken. The face, naturally red, is pale, forehead and cheeks feel cool, the hands cold. Breath smells of camphor; pulse between 90 and 100, small and irregular. Vertigo has somewhat decreased, also the former trembling all over the body, but the hands are still continually in motion; walking is possible, but difficult. Although the head feels cool, still she finds relief from the cold applications. As she feels better, we ordered rest, warmth to the feet, cold applications to the head, mucilaginous drinks, or cold water, an injection, and some prune-juice, with senna. She took the latter, but vomited part of it.

At midnight, there was a severe aggravation without any cause, but it soon passed



away. She slept only about an hour the whole night, but felt better in the morning, complaining only of some occipital pains, and general *malaise*. Neither urine nor breath smell of camphor, and the twitching of muscular groups, especially in the calves, is gone. The day after she felt entirely well.—*Berl. Klin. Wehscrft*, 35, 1873.

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### URINARY FISTULÆ OF THE UMBILICUS, CAUSED BY THE CONTINUED EXISTENCE OF THE URACHUS, AND THEIR TREATMENT.

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Dr. Gueniot found in a healthy boy, ten and a half months old, a tumor of the size of a cherry at the umbilicus, seated with a broad pedicle deeply in the umbilical ring, of dark red color. When urinating, the urine came partly by the natural ways, partly from the apex of the tumor. We had therefore an open urachus before us, still communicating with the bladder. Gueniot put a ligature around the pedicle, and gradually tightened it. The tumor became gangrenous, and, after pulling off the fistula, was found closed. Gueniot found in the literature one case by Barthélemy Cabrol (1550) also cured by repeated ligation, two cases by J. L. Petit where no surgical treatment was attempted. A fifth case was observed by Dupuytren, and a sixth by Roux; both only treated by bandaging. Paget operated on a seventh case by denuding the edges and suture; finally a cure was effected. All such cases may be divided into two classes: in the first the uro-genital organs are nearly normal; in the latter we find simultaneously malformations of the urethra and of the bladder. Only two cases belong to the latter class. The size of the fistula was of the thickness of a raven's quill. The tumor at the umbilicus was of different size, and sometimes entirely absent. In two cases there were simultaneously umbilical hernie.—*Bull. de Therap.*, vol 82, p. 299.

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### THE CHANGED COLOR OF THE IRIS IN CHLOROSIS.

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Dr. Klinger confirms the observations made by Scholz in relation to the changed color of the iris in chlorosis. *The more chlorotic the girl, the lighter the color of her iris.* Formerly dark blue eyes become light grey, brown ones greenish yellow, and perfectly black eyes of a dark iron-grey shade. With every day of amelioration the iris returns more and more to its original color. The difference is most remarkable in blue eyes, as they change in six weeks from light gray to sky-blue. From the use of ferruginous baths, the eyes become sooner blue than the cheeks red, so that the beginning of the change of color in the iris indicates most early the beginning amendment.—*Med. Nenígk.*, Aug., 1873.

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### SPASMUS INTROITUS VAGINÆ.

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We must differentiate in our diagnosis between vaginismus, and the spasmodic and painful closure of the introitus vaginæ during coition; as in the latter the erected penis is, during the act, or rather shortly before it is finished, kept forcibly and immovably back, deep in the vagina, till after a few minutes the spasm diminishes,

and the relaxed penis is released. Scanzoni considered it a spasmus of the musc. constrictor cunni. Hildebrandt blames the levator ani, as it surrounds like a horse-shoe the lateral and posterior part of the vagina, and is thus enabled to retain the erected penis at the base of the vagina, and to press it against the anterior abdominal wall. Such an action lies in the province of the levator, as it performs a corresponding action also in certain forms of vaginismus. In most cases vaginismus may be considered as a reflex spasm of the constrictor cunni, which may arise, not only when an irritable and painful part in the neighborhood of these muscles is struck by a stimulus already known by the patient as producing pain, but also in very sensitive persons, whose genitals are neither inflamed nor painful, only from fear of pain. Such a view banishes from our armamentarium all cauterization and fomentation, all spoliation of the hymen, or neurotomy of the nervus pudendus. Mental influences must be exercised on man and wife to remove this fear, and perfect coition from both sides will soon remove the pain. But there is another form of vaginismus, where the obstacle is seated deeply in the vagina, caused by a spasm of the levator ani, of which Hildebrandt observed four cases, in all of which the vagina, and even the uterus, were inflamed; and after removing the inflammation, this form of vaginismus was also cured; so that the spasmus levatoris ani was apparently caused by the inflammation.—*Archiv f. Gynecology*, III, 2.

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LOCAL ANÆSTHESIA BY SAPONINE: An experimental study by Dr. KOEHLER, of Halle.

This monograph presents some very interesting facts concerning the action of this substance, which is not an alkaloid but a *glucoside* (a substance whose decomposition furnishes glucose), with the formula  $C_{22}H_{34}O_{15}$ . This is the active principle of a large number of plants belonging to the silene (*saponaria officinalis*), polygala (*polygala senega*), sapota (*chrysophyllum*) families. It is particularly obtained from the roots of *saponaria officinalis* by treating them with boiling alcohol, which, on cooling, deposits needles of saponine. It is also found in quillaja bark. It has no smell, a sweetish, pungent taste, and with water forms a frothy, soapy emulsion. (We know that our great-grandmothers used to wash with (*saponaria*) soapwort in the Revolutionary war, when no soap was to be had.) Dr. Pelikan, of St. Petersburg, six years ago called attention to the fact that saponine would produce local paralysis, and Dr. Köhler has recently made, and now published, quite an extensive series of experiments with this substance, seeming to show that: 1, subcutaneous injections destroy, completely, reflex irritability around the place of injection; 2, the sensitive nerves are completely paralyzed, (locally) independent of the nerve-centres; 3, so, also, local paralysis of motor-nerves; 4, the capillaries are profoundly contracted and circulation stopped in the part; this contraction even extends to the large vessels, and causes slow and impeded heart's action; 5, it paralyzes smooth muscle-fibre and the heart's muscle when applied locally: etc., etc.

Enough has been shown of the action of this drug to teach us much of the affinities of certain plants—affinities useful in making drug-groups, concerning which botany is no reliable guide. It explains the rationale of a cure of paralysis of an eye-muscle by *senega* reported in the *Hahnemannian Monthly*, vol. 7, page 106, which I could never fully understand, as foreign to my ideas of the general sphere of that drug, ideas obtained from its predominating action as a catarrhal remedy, while I lost sight of its complex nature, and the existence of this powerful paralyzing component. We must prove the *saponaria*, which is common enough hereabouts. I wonder if it made the women's hands numb while washing.

A.

# The New York Journal of Homœopathy.


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NEW YORK, OCTOBER AND NOVEMBER, 1873.


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WM. TOD HELMUTH, M. D., T. F. ALLEN, M. D.,  
S. LILIENTHAL, M. D.,  
*Editorial Committee.*

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## OPENING EXERCISES OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

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SESSION OF 1873-4.

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The Registrar, Prof. Dowling, opened the exercises with the following remarks :

*Gentlemen:* We are about entering upon the Fourteenth Session of the New York Homœopathic Medical College. During the thirteen years which have elapsed since the organization of the Institution, we have graduated 420 students. These are practising physicians, scattered in all parts of the country, and many of them have attained high positions in their profession. Our aim has been, and shall continue to be, to send out none but thoroughly educated men. And in order to make the system of instruction more thorough, we have established the graded course, knowing as we do that the attempt to crowd all the branches into one term, which necessitates attendance upon seven or eight lectures per day, is not only wearing but confusing to students. And we advise all who can to attend *these* courses of lectures. And even those new students who propose to come up for examination at the end of the second term, we would advise to confine their attention principally to the studies laid down as belonging to the junior course, and if possible appear for examination in these branches at the end of the term. This examination, if satisfactory, will be final as far as these branches are concerned ; and I am certain that it will not be a source of regret to you during the last session that you hold certificates of proficiency in these departments. We have already a nucleus of twenty-one students who hold such certificates, granted at the close of the last session.

The class bids fair to be a large one, and in the name of the Faculty I desire to welcome you all to New York—to the New York Homœopathic Medical College.

At the Faculty Supper given to the graduates last year, one of the newly-made doctors remarked in a neat speech that the Class of '73 was the best-informed that had ever graduated from our Institution. A junior student, who proposed to come up next Spring, said he did not doubt the truth of the gentleman's remark, but, in behalf of the Junior Class, he wished to assure the gentleman that the Class of '74 would go one better, and beat that of 1873. We trust that it will be so; and you may rest assured that, as far as the Faculty is concerned, everything will be done to make the lectures not only instructive but interesting—the entire course a success.

The Registrar then introduced the Hon. S. H. Wales, President of the Board of the Board of Trustees, who spoke as follows:

It is a great pleasure for me to meet with you on this beautiful Autumnal afternoon to take part in the opening exercises of this College, though I am free to confess that I experience some embarrassment in attempting to address so large a body of learned doctors of medicine.

We have much cause for mutual congratulation on this occasion, and some things which both the Faculty and Trustees feel to deeply regret. We regret that we are not to have the benefit of the scholarly instruction of our honored friend and late associate, Dr. Carroll Dunham; but it is a real pleasure to know that he has returned from his European wanderings with greatly improved health, and we shall cherish the hope that with the return of another lecture season we may have the benefit of his wise counsel and assistance. We regret also that we have been unable to redeem the pledge made to you last year, to furnish enlarged hospital advantages to the students of this Institution.

It is true that with the means supplied by the Great Fair so ably supported by the ladies, who have always been our steadfast friends, a large and valuable hospital property was purchased upon Gramercy Park, the house was appropriately furnished, and several patients were actually placed under the treatment of some of our most skillful surgeons. But no sooner had we fairly got under way with our humane Institution, than we were met by the determined opposition of all the residents on Gramercy Park, who resolved that no hospital should be carried on in that neighborhood. It should be borne in mind that this highly favored spot embraced within its limits, not only some of the best families in the city, but there were also eight or ten of the most eminent members of the New York Bar, who united in the combination to break up our enterprise, and drive us away from that charmed precinct. The power of the court was called into requisition, and an injunction was obtained, upon a mass of legal documents almost equal in ponderosity to the *Code Napoleon*; and shall I add that the demand for the injunction was sustained by the sworn statements of many distinguished city physicians, mostly of the Old School, who were horrified at the idea that a surgical hospital should be put into such a locality, and I grieve to say also that some of our own medical brethren took up arms against us. Thus confronted by courts, citizens, lawyers and doctors, we came to the sad conclusion that our weapons of defence were not equal to the unequal contest, and we decided to fold our tents, and quietly to retreat to a more congenial neighborhood; our pleasant house is left unto us desolate and tenantless. It is not for me to harshly judge the motives of those who ought to be our friends, and who joined in the formidable legal war against our earnest endeavor to found in this city

a surgical hospital that shall afford relief to the suffering, and at the same time reflect a permanent credit upon our school of medicine; but I have sometimes thought that the zeal displayed by some of these medical experts may have been inspired by a spirit of professional jealousy not at all creditable to educated men. Certain it is that, if the theories are true, such as were put forth by the medical witnesses in their affidavits with regard to the dangers engendered by the presence of surgical hospitals in cities, they are nothing else but lazar-houses, and cannot be safely established in any city. We are temporarily cast down, but not destroyed. The Angel of Mercy still hovers over us, and with full confidence in the righteous purpose which started the work, renewed efforts will be made to secure another location, where we can extend the hand of relief to the afflicted, and build up an institution that shall be a credit to Homœopathic science and skill, and at the same time a valuable adjunct to this College.

These are some of the things that cause us pangs of regret; but there are subjects of congratulation, hope and promise. Our College is in a healthful and thriving condition. The building itself occupies a commanding position, and we have a Faculty composed of some of the most eminent practitioners of the Homœopathic school, who freely devote their time, talents and hard-earned experience to your benefit and instruction. We have also a system widely known throughout the whole civilized world, and is daily working itself into the increased confidence of the most thoughtful and intelligent minds of the land, so that we have no more need to feel ashamed to be known as the champions and friends of Homœopathy. For twenty years I have believed in it, and to-day my faith is stronger than ever. It is also a subject of profound congratulation that we have now in process of erection, under State patronage, at Middletown, a large and well-to-be-appointed Asylum for the treatment of all forms of lunacy, and of which my esteemed friend Mr. Conger, who will soon address you, is with me a co-trustee. The central building is now nearly completed, and already there are applications sufficient to fill every ward, and the foundations are now laid for one of the spacious wings, which will be finished next year. The superintending physician, Dr. Henry R. Stiles, late of this city, who rendered conspicuous service in connection with the Board of Health, has the full confidence of the Board of Trustees, and I predict for him a successful career. I have also learned to-day, with much pleasure, that a new college has been opened in the city of Boston under favorable auspices, one of the sure fruits of a wicked persecution, thus verifying the old saying that "the blood of the martyrs is the seed of the Church."

These things, thus briefly outlined, should inspire us to-day with new hopes and fresh courage, always remembering that "the race is not to the swift, nor the battle to the strong." There is much more hard work to be done. We have much, very much to do to meet and overcome obstacles, and it is to me a source of unfeigned gratification—who has watched this College through many years of its history, sometimes in doubt and great perplexity, to find it at this moment in the hands of an able and honorable faculty, who do not intend that its diploma shall be hawked about the streets for money, or be bestowed upon any who have not fairly won it. The good character and permanent success of the College cannot, however, depend wholly upon the honor and fidelity of its professors. They may toil and labor to little purpose unless their efforts to impart knowledge are well sustained by the students, and to this end I urge upon you, young gentlemen, not only to be watchful of your personal habits in a great city full of subtle temptations, but to apply yourselves with great industry to your studies. The world thrives by industry. It is the only sure road to great success, and it seldom happens, in any age or clime, that men

great in any profession have achieved success without the exercise of a patient and unwearying industry.

In behalf of the Trustees of the College, I extend to you a most cordial greeting.

Hon. A. B. Conger then delivered the following address :

*Mr. President and Gentlemen Trustees of the College, Mr. Dean and Professors of its Faculty, Students of Medicine, and Friends and Patrons of this Institution :*

If my salutations are many, they will not, I trust, be treated as purely formal. They correspond to the varied description of persons, overseers and supporters, teachers and taught, who make up and uphold such a Collegiate Body as this, and whom I have been invited to address. It is my province, then, as it is a high source of personal gratification, to bid you, one and all, a welcome, to extend to each a hearty "All Hail !"

There are but few occasions in the ordinary evolvment of human affairs so hopeful, and worthy of such earnest congratulation, as those which witness, on the incoming of freshly-gathered students, the yearly inauguration of the college course, whether the curriculum be preparatory and disciplinary, in the humanities, or in any of the so-called learned professions. And if the future of one's professional usefulness is to be cast from the horoscope of his initial training ; and if that of him who devotes his life and powers of thought to the physical well-being of his fellow-men, in health as the measure of their personal happiness and social vantage, is to be deemed as of most general utility to the race, especially when his rare opportunities for moral and spiritual instruction are brought into view : then this gathering is to be accounted worthy of all dignity and encomium, as we look beyond that which here lies open to sense to that which hinges on it—which hangs on the destiny of this hour, and out of its pregnant possibilities is to be here first moulded, and then started out on life's mission, on the thoughtful, benevolent and dominant energies of the future, in Medical Art.

The surroundings of this school of Hahnemann, the indications which the times give of its extended and growing influence, are not only felicitous, but full of good omen. With each specialty in medical science and art known to other institutions as a special department in medical institutions well and ably represented in the professional corps (and, it might be added, with a greater number of these than most colleges enumerate in their course) ; with every energy which learning or the ardent love for it in any profession can inspire animating, not only the body which teaches, but that which is taught : this College has proceeded from the feebly-supported beginnings of its enterprise until it has a *locus in quo*, a home with every useful appanage, and a fame which gives it rank with the foremost in all its ancillary departments, and precedence, as we maintain, in that arena where the good offices of the teacher of and dispenser in that *materia medica* are best to be displayed—in the lecture-room and consulting-chamber—and where the rule which directs all the scientific knowledge taught, and controls all its practical applications in art, is expressed under the triad formula "*Similia similibus curantur*."

Strongly bound to and securely abiding within this law, as prefiguring the first formal statement of pathological truth resting on an inductive basis, this erudite Faculty, their press, supporters and patrons, are fully conscious that their convictions of its organic value in a system of medical instruction and cure are now being shared by a vast concourse of intelligent scientists and laymen, and that the statistics of disease, the progress of physiological discovery, and the possible grounding of General Pathology as a science, all point to the confirmation of this empirical



formula of a grand truth, soon doubtless to find its organic expression in the basic law of a new vital pathology.

I think it serves well as an illustration of what an earnest and able body of teachers may effect outside of their routine in the lecture-room, that an Emeritus-professor of this College has been able, within the last few years to compile statistics of the death-rate which marks the relative success of the practitioners in our own and adverse schools. Taken from the registry of burial strictly enforced by law, which requires the attestation of the cause of death in the case of each cadaver, by the attending physician, it was ascertained, beyond all cavil, that, in the city of New York, the percentage for the years 1870 and 1871 of deaths under homœopathic stood to that under allopathic treatment as 53 : 100 ; while in a later compilation, which embraced the three principal cities in the Union, New York for the aforesaid two years, Boston for three, and Philadelphia for one, this percentage was as 58 : 100, the average of both rates being fifty-five per cent. and a fraction.

Scientists may prefer to cope with the terms in which a law is stated, and yield or withhold their assent to it by force of a general scrutiny of its terminology ; but practical men, as they delight to call themselves, yield their judgment more readily to the testimony of facts brought directly to their notice. And just as when the Report made to the Austrian government, and pursuant to its direction, of the relative success of the old and new methods in the treatment of cholera, gave popular prestige to the latter, the Homœopathic method, so such statistics as have been given to the people of the country by Dr. Kellogg will not fail to add impetus to that movement, which, in every family, as each accession is being gained, applauds to the echo the Hahnemannian treatment as the more mannerly and successful, gives to our school éclat, and with it our ever-enlarging sphere of action, and leaves to that of our antagonists disgust at its growing losses, and a quickened spontaneity for hurling maledictions at our heads, and piling up hindrances in our path.

It is a further sign of the times, and topic for gratulation on such anniversary as this, that public attention is not, and from the nature of the contest cannot well be averted from the strife which afflicts the medical schools of this age. It notes the gross touch of caricature in which the rank and file of our allopathic brethren portray our system, and the supercilious scorn with which their leaders pass it by. These boast themselves as oracles in what they style Rational Pathology, and claim to be the true interpreters of disease, and alone gifted with the power of its cure. And yet the wonder grows with the common mind why, with such superlative gifts at their nod, the heart of humanity is so often broken and crushed under their dispensation ; why, if so serenely allied to science, their breasts should cark with low jealousy ; or why such rages (as the bard of mantua hath sung) should infest their celestial minds.

And the world looks on with some complacent triumph, to show, as the phrase is, that *she* moves, as the work of the Massachusetts Society of Medical Culture is completed, in its citation, trial and expulsion of some of its ablest men, to observe that as the curtain drops on so grim a farce, new actors come upon the scene, the hammer and the trowel ply their busy work, and the foundations of a new college, grandly endowed, rise to greet the condemned and the outcast with unlooked-for honors.

When will the average mind of the cavalier rise to the level of what a Jewish rabbi once wisely essayed to teach, or learn that, without his own abetment, a system that is not of truth will come to naught ?

But sometimes it happens that dogmatism may show its cunning in avoiding a public display, and yet vent its spiteful intolerance under a more adroit hiding of its



baleful visage. A gentleman of high social standing, the father of an only son, was advised by his attendant physician, one of our school, that some fears might be entertained as to the future health of his beloved boy. Some physical signs about the thorax were not of easy interpretation. The father, thus alarmed, thought within himself that he would confirm or dispel the fears announced, and seek the counsel of two physicians eminent in repute, though in the allopathic school. Calling in his carriage first on one, he stated the case of his boy, and of the fears which moved his solicitude in a general way, and obtained consent to bring the lad for the physical examination sought. But when, seemingly as matter of form, the inquiry was made for the name of the family physician, and the response disclosed that of a well-known homœopath, a cloud spread over the serene brow of the august medicist, and the overture for the examination was withdrawn.

Reason was found in the rules of the County Medical Society, but, after much earnest and pressing remonstrance on the father's part, the scene for the examination so anxiously sought was shifted from the office of the medico-consult to the paternal mansion. Somewhat irritated as he left in recalling the humiliating terms he had felt obliged to accept, the father thought he would satisfy himself whether he could not obtain from the other medical magnate a more favorable regard for what he deemed due at least to his rights as a man and his social position. The call was made, the same programme run through, with this absurd difference, however: that the agreement for a consultation at the office, canceled the moment the name of the family physician was given, could not even be reconstructed on the overture of a meeting at the father's residence.

The world is thus learning the base uses to which a guild of medical men will bring the most illustrious of their number, and that the prejudices of a majority can bind chains about the necks of the proudest medical scientist which he rarely has the courage to disrupt. When will the servants of science and humanity feel that their first and highest homage is due to those in whose service they have sworn fealty, and that their rightful allegiance ought never be lowered to the dominating, usurping rules of the craft.

And before we pass to other themes, permit the hope to find expression that, under the auspices of this and like institutions, the day may not be far distant, if it has not yet been reached, when it will not be thought necessary or desirable to tempt the virtue, or thwart the subservience of any of the distinguished thralls of county societies; when it will be imagined in the homœopathic fraternity, lay or medical, that diagnostic talent, or ability in the use of physical signs, or any gift or faculty useful in the forestalling or treatment of disease, can exist outside of that charmed circle which acknowledges the homœopathic law of higher reach and superior power of comprehension than that which exists within it; or when *mutatis mutandis*, though not in accordance with the *lex talionis*, those from without, patient or physician, shall seek aid or counsel from those for whom they formerly professed distrust, with aught other feeling than the calm assurance that nothing will be denied to them by the votaries of our science which humanity demands shall be granted.

But let us turn from these interests which hinge about our science, to some of those wondrous facts and problems which inhere in, and are at no distant day to be solved by it, and which are the fruits of comparatively recent research. A century and a half ago, but little was known of the functions of the nerves of the sympathetic system, except the proving by Paurfar du Petit that the action or current in the sympathetic nerve in the neck was from below upward, and not, as previously supposed, from the brain downward; or little inquiry instituted concerning them, except that which was connected with the discussion of the sensibility of their

ganglia on or after irritation. Thirty years ago, such discussion found fruit in experiments carefully instituted to test such sensibility, Flourens affirmatively holding it after *pinching* the semi-lunar ganglion in rabbits, while Brachet, exposing the abdominal and thoracic ganglia in others of the brute races, found sensibility only after exposing them for a few minutes, and ascribing it to the inflammation consequent on such exposure. Experiments by mechanical action, whether by irritation or prolonged stimulation, by chemical agents, even in the application of caustic potash to the semi-lunar ganglia, and by the induced galvanic or the constant current, have all been resorted to, and in many recorded instances with variable and conflicting results. Less than a generation ago, so tardy had been the course of demonstration on this subject, to wit, in 1851, Bernard repeated the experiments made by Paurfaur du Petit from 1712-25, partly confirming those of Dupuy, who removed in 1816 the superior cervical ganglia in horses. Bernard divided the sympathetic in the neck of rabbits, and on one side, noting on the same side of the head and ear increased vascularity, and elevation in temperature of from 7° to 11° Fahr. These experiments were repeated in the following year, and with the results by Brown-Séquard, who discovered the existence of the vaso-motor nerves, a few years afterwards demonstrated by Schiff to be derived from the cerebro-spinal centres, and not from the sympathetic ganglia.

It is not our purpose to trace the progress of physiological research in this department, but simply to draw attention to the methods employed, that we may seek to discriminate between the necessary differences in result, whether pinching or other mode of limiting the action of the nerve or ganglia operated on from its cerebro-spinal source, or whether by its severance, or other mode of destroying its relations to the source of its power. On general principles, the conclusion would be inevitable that the first method of construction, in any way in which it might be tried, whether by pinching, by tying, or any other mode of compression, would exhibit a different train of symptoms from that which would attend the second method of absolute severance.

And yet, in some of Bernard's earlier experiments, the difference which, by anticipation, as we have just stated, ought to have shown itself, either did not exist or was lost sight of.

Some possible explanation of some at least of the experiments, if accurately made and veritably stated, may be found in the peculiar relation which the special nerve-fibres of the sympathetic system, commonly known as the nerves of Remak, bear to the motor or sensory fibres connected with it, and severed, compressed or irritated in the experiments referred to.

It is a well-known peculiarity of this system of nerves, that each of its ganglia is supplied with these triplicate nerves, and that the function of each important organ or gland in the body dependent upon its complex relation to the sympathetic ganglion near it, which in fact is its independent nerve-center, is determined as normal or abnormal according to the free and harmonious or impeded play of the motor, sensory and special nerves connected with the ganglia.

Experiments carefully made have led to the deduction, which must stand as a fundamental proposition until disturbed by more accurate and carefully combined observations in the future, that the principal office of the Remak nerve is restraining or inhibitory upon the action of the motor and sensory nerves. Thus, given the action of a motor-nerve upon the gland it ministers to, as specially to induce secretion, this action, if permitted by the economy to go on unrestrained, would soon effect enlargement of the gland, and this would be when the balance between the secreting and resisting forces was struck, the painful and clumsy method of

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arresting the action of the motor-nerve. But nature, avoiding, as some of the professed disciples of its *vix medicatrix* do not, such immature contrivances, endues the special nerve of the ganglion with restraining-power, and places it constantly on the alert, so that the secretory function of the gland is active only to the extent for which that function is needed. And the proof of this is made quite clear by the double experiment of cutting the motor, when secretion ceases, and of section of the Remak nerve, when secretion is increased.

It is quite impossible, within the limits appropriate as to time to such a discourse as this, even to group together the various recorded experiments on different ganglia and glands, and to array the evidence which supports the propositions just advanced. But I may be permitted to refer to a personal observation, its analogues being easily recalled by my learned auditors, which will enable me to pass the more readily to views I will be bold enough to present.

An ulceration of the internal ear on the right side was treated, by advice of a professor now in his seat, with a few powders of iod. calc., 2d tret., and afterwards a less number of merc. biniod 1, taken through an interval of about twenty days. The result, as marking the special action of the iodine, doubtless freed in the circulation from its different bases, was a painful enlargement of the right parotid gland, which yielded quite gracefully to the influence of the antidotal belladonna, so that in a few hours the unsightly swelling and the frightful agony completely disappeared.

From this as an illustration, I must pass with forced haste to the general induction that medicines which are capable of exerting special action on glandular organs (as which one of them does not?) when taken into the system, if they cause enlargement of any such organ, act either by stimulating unduly the motor-nerve, or by diminishing the restraining power of the special-nerve fibre, and if they cause atony in the gland, the process is either by impinging, constricting or destroying the motor-nerve, or by over-stimulation of the Remak nerve, or by both. A combined attack on these two kinds of nerves is quite possible, not as exhibiting the dual and diverse action of the same drugs, but its indirect depressing power over the remaining nerve of the triad, the sensory. This being a centripetal nerve, and its influence on the economy being of a reflex character, derives its impressions from the cerebro-spinal system, on which the drug has exerted its direct influence.

You will pardon a rapid conclusion to this branch of my thesis. The action of drugs is no longer to be sought except as mere manifestation of some of its results upon particular tracts of tissue, but principally upon the trinal combination found in the sympathetic ganglia; and a future classification of diseases in the pathology to be constructed in your school will correspond to that of drug-action, and may be sketched under the head of diseases of the cerebrum and its appendant pairs of nerves and ganglia, and those of the cerebellum and its nervous dependences.

And the philosophy or true *modus operandi* of the action of drugs corresponding to and confirmed by the empiric formula of *similia similibus* will be principally founded on their direct action on the motor, or their indirect action on the Remak nerves, from which germinal law of action and reaction will be evolved, as I trust, within these walls, the law of antidotal action, and that of the low and high potencies, and of their relative value in acute and chronic disease, that value always to be expressed in factors of the sensitivity of the patient.

It is not necessary to indicate at this time the various ways by which the different series of inductive experiments thus intimated might be conducted, so as to confirm the views thus hastily reached by theoretic anticipation. But it is confidently believed that manipulative skill could be reached after a few trials, by which the

direct action of drugs in high or low form on the constituent elements of the ganglia might be differenceed, and thus foundations laid in experimental pathology, as lately in the use of the spectrum, commanding the admiration of common sense as of scientific minds, placing the basic law of our pathology beyond question, and reluctance to admit it the best possible evidence of culpable ignorance and low prejudice.

*Gentlemen of the Faculty of the College:*

I feel that I owe you an apology for venturing in so learned a presence with these hastily-sketched suggestions. But as these thoughts have been for some time floating dreamily in my mind, to the exclusion of other more sober and matured topics, on which it would have been more compatible with my poor store of learning to have addressed you, you must pardon what impinges on technic thought in which you are severally so well versed, even if it may ultimately be found to be of the crudest form of scientific thought. Let the censure of the temerity shown in planting the advance banner of discovery at the false station fall on one who has no professional reputation at stake. Some of you may ere long seize it, and place at the point well and carefully selected for wise prospecting.

At least I know you will render me, as of courtesy, what I have no right to urge, that this hour may cement in your minds the determination to institute a fresh series of experiments, though out of the usual routine of the lecture-course, by which some of these thoughts may be tested by the standard of careful explanation.

As, for instance: recognizing the vast difference resulting from slight irritation or violent injury to the cerebrum or cerebellum, of which a vast body of experiments have been made and recorded, and applying this law to the independent nerve-centres, the ganglia, which central glandular action (to say nothing of its other possible applications), let a series of trials be made which shall with great accuracy note the different manifestations resulting from the approximate and final impairment of nerve-action.

Permit me also to express the hope that the difficult operation of severing the third pair of nerves near their roots, or of either, may be here first successfully conducted; and that advanced students and graduates may feel their way to future distinction by yielding ready assistance in this and like endeavors to verify the physiological and symptomatic results which follow like experiments on every important nerve-axis from its root to its peripheral and infinitesimal distribution.

I should like, for the honor of this College and the glory of our school, to see such a corps of observers following the wondrous maze of nature as revealed by the compound microscope, even if at the beginning they sedulously followed the track of Beale, and as if they had no higher ambition than to verify his conclusions.

Having had, some six years ago, occasion to predict that in the study of germ-life the microscope magnifying 3000 diameters some ingenious method would be devised by which the transparency of objects so minute as to require such power for their discovery would no longer prevent their being deciphered, I am most happy to learn that such prediction has been ere this verified, and that in the studies of Dr. Beale on bioplasm, he has found the ammoniacal solution of carmine most serviceable in coloring and defining the form of the minutest of microscopic objects in organic life.

I should like to see a class of earnest observers spending an hour or so every day in the micrometry of the little things of the human economy, especially in this school, as I know the lessons these teach would not be lost in their future practice. But, more than this, having had the necessity laid upon me of showing how utterly

frivolous were the claims of the allopathic school to a pathology which, by way of dignifying it, they call rational, it would be a source of high satisfaction to me to feel assured that as Hahnemann three-quarters of a century ago, with that quick intuition which enabled him to pierce the clouds and darkness which hung over the pathology of his day, and to lay hold of a vital, immaterial and spiritual principle as the basis of that to be developed by his followers, so now in this age, under a flood of light which is blinding only to those who are habitually groping in the caverns of their idols, spurning the cell-filaments of protoplasmic life, his successors shall recognize the vital in the germinal, infinitesimal bioplasts which come to view under the microscope, in the seat of all vital phenomena; the structure formed by them, and, when formed, no longer vital, as that of physical and chemical phenomena; and the immaterial and spiritual principle in man's higher being, that which shall survive this earthly frame-work, exerting grand sway over it as long as resists destruction and decay, and out of such elements construct in medicine a new pathology, and for man himself a true psychological science.

The address of Hon. Mr. Conger was followed by short speeches from Hon. G. W. Clark, of the Board of Directors of the Ophthalmic Hospital, Profs. Lilienthal, Carmichael and Paine, after which the order of lectures was announced.

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## REPORT OF THE DISPENSARY OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE, 23D STREET, COR. THIRD AVENUE.

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Comparatively few are aware of the existence of this Dispensary, and still fewer of the amount of good accomplished each year. The institution was organized some sixteen years ago, as an adjunct to the College, and has been and continues to be the means of supplying cases for both the medical and surgical clinics. Since the State and city have ceased aiding in the support of our Dispensary the funds of the College have been brought into requisition to carry on this noble work, which has been the means of relieving the suffering of thousands of poor persons in the vicinity of the College. Annexed will be found the report of the executive officer, Dr. Alfred K. Hills, who has been untiring in his efforts to make the Dispensary a success as far as the treatment of the poor is concerned, and an aid to the College in supplying the means for clinical instruction.

### *Gentlemen of the Board of Trustees:*

We have just completed the first year of the occupation of the new and commodious quarters in the Ophthalmic Hospital building.

During this time we have dispensed 14,235 prescriptions to 3883 patients, and made 502 visits at the homes of patients too poor to procure and pay for the services of a physician. At present the numbers applying for aid are much greater than last year at this time, the number prescribed for in one day reaching 128, or at the rate of about 40,000 per annum.

The number of prescriptions made for the year ending Oct. 1, 1871, was 6182, and attention is asked to the proportional increase as compared with the year just past.

Our Board consists of twelve physicians, each occupying an hour, thus covering

the time from 10 A. M. to 4 P. M., and 7 to 8 P. M., and on Sundays from 1 to 3 P. M. The names of the present corps and the hours occupied by each are as follows :

Dr. Rounds, 10 to 11 A. M. Drs. Norton and Miller, 11 A. M. to 12 M. Drs. J. H. Thompson, Fleming and Boynton, 12 to 1 P. M. Drs. Ostrom and Conant, 1 to 2 P. M. Dr. Hunt, 1.30 to 2.30 P. M. Drs. Berghaus and Frye, 2 to 3 P. M. Dr. T. V. Smith, 3 to 4 P. M. Dr. Ammi Brown, Dentist, 2 P. M. Tuesdays. Dr. Boynton, 7 to 8 P. M., and Sundays 1 to 3 P. M.

There are present in the building at all times, *night and day*, competent physicians for visiting the needy poor that may apply, our reserve-force for that purpose being ample. The department of dental surgery, presided over by Ammi Brown, D. D. S., has been of very great service to the numerous applicants in this branch of our charity.

The present quarters, although much larger than any previously occupied by our institution, are already cramping us in our endeavors to relieve all that apply for help, and if the number increases as rapidly during the present as in the past year, we shall be obliged to obtain larger rooms and increased facilities for their accommodation.

#### CONTRIBUTIONS.

We have received during the past year from the city \$1000, which has been appropriated to the payment of rent. All the other expenses, amounting to a like sum, have been paid by our "parent," the College. We are in urgent need of books, instruments, &c., for use. We earnestly appeal to the benevolent for aid in this behalf.

The Executive Officer begs leave to state that he has held and now holds himself in readiness to answer any demand upon him for consultation in cases so requiring, and many, including confinements, have presented themselves. He also desires in this public manner to thank those members of the profession who have performed similar services whenever called upon ; and to the attending physicians and surgeons who so freely contribute their services without remuneration, to whom the profession, as well as the public, owe no small debt of gratitude.

As a clinical school to the students of the College, I think some at least will testify to its advantages. Several of our best prescribers have been developed from the graduating class of 1873, in the dispensary service ; and such practice, under proper administration, will in future prove even more valuable to both student and patient than in the past.

The following summary is taken from the books of the Institution for the year commencing May 1, 1872, and ending May 1, 1873:

Whole number of prescriptions made.....	14,235
Number of patients treated.....	3,883
Males.....	1,615
Females.....	2,268
Natives.....	1,814
Foreigners.....	2,069
Over fifteen.....	2,740
Under fifteen.....	1,143
Number of visits made.....	502

Diseases of almost every kind and nature found in this locality have been treated, with satisfactory results.

Thirteen deaths have occurred during the past year. All of them either prove affections of a chronic nature, or from diseases too far advanced before application to us to expect anything but a fatal termination.

ALFRED K. HILLS, M. D., *Executive Officer.*



## THE 23D STREET DISPENSARY FOR WOMEN AND CHILDREN.

This institution was founded about six months ago by Emma Scott, M. D., an enthusiastic student and an earnest physician, now lecturer on practice at the Women's Medical College. Dr. Scott runs this institution all alone, paying the rent and furnishing supplies, simply for the opportunity of doing good, and enlarging her experience. In this she is succeeding, for, though situated in the immediate vicinity of a thickly settled tenement population (327 East 23d Street), her rooms are visited by a number and variety of patients that, considering the length of time open, is surprising. The dispensary is at present open from 1 to 3 P. M., but we hear that Dr. Scott has secured the co-operation of another female physician, who will take morning hours. This infant female institution seems likely to live lustily, and we hope it will ere long run alone, and need no nursing.

## Proceedings

OF THE

## NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY, OCTOBER, 1873.

At the meeting were present: Doctors Allen, Norton, Patridge, Bowers, Moses, Bushnell, Doughty, Liebold, Bell, Everett, Quick, Tytler, Houghton, Seeger, Scott, Berghaus, Westover, Gross, St. Clair Smith, Ostrom, McDonald, Schumann and Throop.

Dr. Allen, the President, in the Chair.

Dr. C. T. Liebold, Chairman of the Bureau of Eye, Ear and Throat, presented the report of that Bureau, consisting of papers on the following subjects:

- 1st. "Syphilitic Iritis," by Dr. Liebold.
- 2d. "Sulphate of Atropine: Its Uses and Abuses," by Dr. George S. Norton.
- 3d. "Nervous Deafness," by Dr. H. C. Houghton.



4th. "Croup, and its Treatment by Inhalations," by Dr. F. Seeger.

5th. "The Use of Iodine by Inhalation in Croup," by Dr. L. Hallock.

A. P. THROOP, *Recording Secretary.*

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## News Items.

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718 LEXINGTON AVENUE, N. Y., Oct. 14, 1873.

*Dear Doctor:* At the County Convention of the German-American Democratic Organization, the following resolutions were unanimously adopted:

*Resolved,* That we protest against sectarian grants of any and all kinds.

*Resolved,* That we deprecate the policy which denies needed and useful semi-private charities a just and proper encouragement and support: a policy which would doom the poor sick to die in the streets or become public paupers, as well as to receive treatment which many do not desire.

I would suggest publishing above in your journal. It will aid in a proper ventilation of the question: sectarian grants, and nothing for hospitals, dispensaries, and orphan asylums, or aid to these latter (under a wise system, not indiscriminately as heretofore), and none to sectarian affairs.

Yours respectfully,

F. SEEGER, M. D.,

*Chairman, Committee on Nominations,*

*German Am. Dem. Organization.*

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37TH STREET, NEW YORK.

WM. TOD HELMUTH, M. D.:

*Dear Doctor:* Enclosed an item: one "mo(re)doc" of the class of '72-3 gone:

Rt. Rev. Bishop Huntington officiated at an interesting ceremonial in Norwich, N. Y., yesterday, uniting in marriage Dr. A. W. JAYNES, of this city, and Miss FLORA M. BARNETT, of Norwich. Dr. Jaynes, during his residence in Syracuse, has attracted many warm personal friends, who welcome his fair bride to her new home, uniting with their hearty congratulations, best wishes for the happy future.

Yours, &c.,

U. H. BROWN.

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DR. ALEXANDER BERGHAUS, of this city, has returned from his European tour.

THE LATEST ON SEPTICÆMIA IN THE FRENCH  
ACADEMY OF MEDICINE.

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Oct. 13th, 1873.

SEPTICÆMIA—(*Discussion continued*).—M. Colin read a paper entitled "Recent Investigations into the Action of Putrid Substances, and into Septicæmic Agents." The author proposes to consider the following questions :

1st. Can putrid substances, blood putrified outside of the system, blood altered in the blood-vessels under the influence of septic diseases, give rise in the greater number of animals, and especially in all our domestic species, to what is called septicæmia?

2d. Through what quantity of blood putrified outside of the organism, or altered by the effects of septicæmia, can the latter produce a fatal disease?

3d. Do pus, fluid secretions, and most animal substances, when altered by septic influences, possess the same contagious or infectious properties as the blood?

4th. Is septicæmia contagious by means of the volatile products emanating from diseased subjects or their remains?

5th. Are the products of septicæmia inoculable through sound mucous membranes, and especially through the mucous membrane of the digestive organs?

6th. On what conditions does the poisonous effect on septicæmic animals of putrid substances and liquid ingesta depend?

7th. In what does septicæmia essentially consist?

8th. Lastly, what are the symptoms and lesions characteristic of this morbid state?

To-day, the author will consider only the first question: Can putrified substances, or blood in a state of decomposition, cause septicæmia in the majority of animals, and particularly in all the domestic species?

He treats of this subject at length, and sums up in the following manner:

"The pathological state known as septicæmia is not a constant and invariable effect of blood putrified by the air or

altered within the organism. It is a morbid reaction occurring in certain animals, but in most animals not occurring under the conditions of experiment.

"Whence it follows that the generalizations which have been arrived at on this subject are by no means justified, and give a false idea, altogether at variance with sound principles of comparative pathology."

Oct. 20, 1873.—Second question: In what quantity is putrified blood capable of producing a fatal disease, when outside of the system, or when altered by the existence of septicæmia?

In the experiments which were instituted with infinitesimal quantities, each dilution was made at once, with the requisite amount of water. Drops of the mixture, taken up by means of a glass rod, were transferred to the lancet, which inserted them into the skin or subjacent cellular tissue. The results were as follows:

I. The 1-1000th, and even the 1-100th dilutions of blood putrified outside of the organism, produced no effect on a rabbit when inserted by the lancet in quantities of one, two and three drops into the derma, and even into the connective tissue.

II. But the dilutions of the blood of septicæmic animals, in the above quantities, always gave abundant results. Thus one drop of the 3-100th dilution, obtained by direct mixture of one drop of blood with ten grammes of water, killed a rabbit in 26 hours. One drop of the 1-1000th dilution (one drop of blood to thirty-three grammes of water) killed another rabbit in 36 hours. One drop of the 10-1000th dilution, calculated to contain 14,000 globules, killed a rabbit in the same time. Finally, in one instance, two drops of the 100-1000th dilution (one drop of blood to thirty-five hundred grammes of water) proved fatal to a young rabbit in 36 hours, causing very characteristic lesions, such as bright redness of the wound, injection of the inguinal glands and of the pancreas of Aselli and Peyer's glands. A second rabbit, resembling the former, and which was inoculated at the same time with a like quantity of the same dilution, deposited by the lancet under the skin of the leg, was not affected thereby, and, a month after, was alive and well.

Weaker dilutions, always made directly with the requisite quantity of water, and used immediately, gave only negative results.

M. Colin observed that the very minute portion of blood which caused death when in a state of dilution was no longer fatal if inoculated without the addition of water. This difference deserves attention. In his opinion, the water acts by facilitating the dissemination of the septic or virulent particles over large surfaces, and thus placing them in circumstances the most favorable to their absorption. Furthermore, it effects an alteration in the blood-globules, swelling them up and dissolving them, after depriving them of their coloring-matter. Finally it acts as a vehicle of putrefaction, not merely on the general mass of blood, but also on that which flows from the vessels wounded by the lancet.

While M. Colin is in close agreement with M. Davine, as to the quantities of the poisonous agent which produce septicæmia in the case of rabbits, he differs from him very widely as to that of other animals, and perhaps of man. As a matter of course, he has made no experiments on the latter; but the fact of the comparative infrequency of serious results from dissecting wounds leads to a favorable inference as to the power inherent in the human organism, of resisting septicæmia.

With regard to animals, M. Colin has made comparative experiments on the sparrow, the rat, the cat, the sheep, the goat, the ass, and the horse, and obtained no appreciable septicæmic effect. Thus (and here may be the true explanation of this important fact), the blood of septicæmic subjects, while possessed of such marked poisonous qualities in the case of the rabbit, exerts no fatal effect, even in considerable quantities, on a large number of animals, among which man himself must be included. We should not, then, be too much alarmed by the infinitesimal doses, seeing that their effects are restricted and exceptional in character. They are formidable as respects the rabbit, and such other animals as share its extreme susceptibility, but in the great majority of living beings, very fortunately, they amount to nothing. Hence, we may conclude that the experimental data obtained from animals should not be too hastily applied to man, nor even from one animal to another.

Third question: Do the different fluids of the organism, the

products of secretion, pus and tissues altered by putrefaction, also possess infectious or contagious properties?

Our author proves by experiment that the serum of the blood, the chyle, the lymph, the saliva, the intestinal mucus, the urine, the aqueous humor of the eye, the pus of septicæmic animals: in short, all their fluids, both normal and pathological, may give rise to septicæmia, as also may tissues, more or less impregnated with the serum of the blood, as the muscles, the glands, &c. In fact, the entire substance of a septicæmic corpse may be dangerous in different degrees.

Fourth question: Can the volatile products emanating from septicæmic subjects, or from their remains, communicate septicæmia?

Of eight rabbits exposed to volatile septicæmic products, only two died; the remaining six survived. M. Colin intends hereafter to repeat these experiments, and to apply them to various poisonous substances, for they seem to him of very great importance, when regarded in the light of the accepted theories of contagion.

Fifth question: Are the products of septicæmia inoculable by contact with sound mucous surfaces, and especially those of the digestive tract?

M. Colin first calls attention to the fact that the vulture, and other rapacious birds which prey on carrion, that the dog, the wolf, and man himself who eats tainted game, assimilate septic products without unpleasant consequences. But to meet the objection which may be raised, that he is here dealing with subjects refractory to the septicæmic influence, he has made experiments upon animals most readily affected by it in infinitesimal quantities, and particularly upon rabbits. These latter remained entirely unharmed. The same was the case with a goat, an ewe and a lamb; the rats, to the number of twenty-five, escaped likewise, as also some dogs and cats.

M. Colin caused these various animals to swallow septicæmic substances, some of them putrid, some virulent, without producing the least effect. He attributes their immunity to the elaboration which these substances undergo when acted upon by the digestive fluids. He thinks it probable that blood and tissues endowed with the property of conveying contagion behave, in the digestive canal, just like normal

blood and tissues. So long as they are not completely elaborated, they remain virulent and non-endosmotic, consequently hurtful; but once perfectly elaborated, they lose their virulent properties, and may be absorbed without inconvenience.

Some of M. Colin's experiments go to show that other mucous membranes—for instance, that of the conjunctiva—are no better absorbents of the septicæmic virus than is the gastro-intestinal tract.

Sixth question: Upon what conditions does the virulence of putrid substances and of fluids obtained from septicæmic animals depend?

This is the most delicate and obscure question pertaining to the history of putriferous diseases, and is the more interesting as connected with the constitution of virulent substances in general, as well as with the properties of septicæmic products. M. Colin sums up the results of his experiments bearing upon this point as follows:

The blood and various fluid products acquire their virulent character at a certain stage in the development of septicæmia, *i. e.*, before the appearance of bacteriæ in clusters, but just at the time when granules of an undefined nature are formed in great abundance. This virulence, which remains active for a length of time in the bodies of deceased subjects, and becomes weaker, and is finally destroyed by the putriferous process, seems to result from a specific alteration distinct from putridity.

Seventh question: In what does septicæmia essentially consist?

M. Colin examines this subject at considerable length, and his conclusions may be stated thus:

He does not believe it possible to infer the nature of the essential alteration in which septicæmia consists. Fundamentally we know, he says, nothing more about septicæmia than about cholera, the plague, and even typhoid fever, or the simple putrid affection. It is not probable that the alteration depends even on the changes in the blood-globules; they are rather to be considered as its effects and indications.

In view of the results of experiment, we are no longer able to liken this septicæmic affection to pestilential diseases; for in the latter we have seen the blood, on becoming putrid, cease to produce the characteristic carbuncle, and give rise to

septicæmia. Moreover, the carbuncle is produced by inoculation on the goat, the sheep and the horse, while septicæmia cannot be developed in those animals in the same way.

**Eighth question :** What are the symptoms and lesions characteristic of this morbid state ?

This question is of the first importance from a clinical point of view ; for it is by symptoms and lesions that we are enabled to perceive in what respects artificially-produced septicæmia, traumatic fever, putrid infection and purulent infection, are alike, and whether these various conditions start from the same point, and share a common nature.

The following, in brief, is the answer to this eighth question : The morbid states caused by putrid substances when outside of the blood, are not accompanied by constant and uniform lesions.

Regarded anatomically, they present three distinct forms. In the first they are characterized only by the alteration of the blood, the changed form of its globules, and the presence of granulations, and of some bacteriæ. In the second, to these modifications are added sanguineous effusions into the serous membranes, hemorrhages from mucous surfaces, injection of the intestines, redness and infiltration of ganglia, transudations, &c. In the third they involve pulmonary engorgements, pleurisy, bronchitis, peritonitis, &c. This last form is rather a termination of the two preceding, depending on the slow course of the disease, and on outward conditions.

In conclusion : Although septicæmia might appear to constitute a well-defined morbid state, it shows itself under a variable aspect, sometimes slightly marked, advancing slowly towards a fatal termination, and on some animals altogether without effect ; sometimes virulent, rapid, and fatal in every case, through numerous lesions of the vital organs. Thus we see that it behaves like the majority of contagious diseases, which in some cases are mild and slightly transmissible, and in others are malignant, of short duration, and of extreme virulence. In our schemes of comparative nosology, it should take its place among the varieties already known, without comprising them. As shown by experiment, it cannot be likened, either to purulent infection, typhoid fever, or pestilential mal-



adies, all of which, while possessing some elements in common with it, constitute none the less distinct varieties of disease.

The reading being finished, M. Davine demanded the floor. On account of the lateness of the hour, the discussion was adjourned until the following Tuesday, when it will be opened by M. Davine.

### **Ophthalmic Hospital.**

#### **CLINICAL OPHTHALMOLOGY.**

By B. FRANKLIN, M. D., Newark, N. J.

*Late Assistant Surgeon, N. Y. Ophthalmic Hospital.*

J. W., æt. 14, colored. While engaged in an argument with another boy respecting the "Civil Rights bill," was shot at with a pistol, which was held about two feet from him, receiving a full complement of powder and wad in his face and eyes. I saw him half an hour afterwards: his face was pale and sunken, respiration slow and sighing, pulse slow and weak: in fact, presenting all the characteristic appearance of a severe shock. His face was one mass of powder, most of it imbedded in the skin, the right eye swollen enormously, and the lids spasmodically closed.

After carefully sponging the injured surface with cold water, I managed to separate the lids, and found the wad imbedded about one-quarter of an inch deep in the tissue of the globe at its nasal side. Several grains of powder had secured themselves in the cornea. The ocular conjunctiva and reflex folds were filled with the same substance. With the aid of an allopathic surgeon, Dr. Jones, who had also been called, I carefully washed off all the powder that I could remove without forcible effort, also removing the wad with a pair of dressing forceps. I now instilled two drops of a solution of sulph. atropia, four grains to an ounce of water, giving arnica, 1st dil., in water, every two hours a teaspoonful; ordered ice-cold water to be constantly applied, on phelgets of prepared lint, and to the skin of the face and lids directed a solution of 3i carbolic acid to 3i of olive oil to be applied twice a day.

I saw the case at 9 P. M., found that he had recovered in a measure from the shock, and ordered treatment to be continued.

July 5th, 10 A. M. Still improving. Continued treatment, two drops of the atropine solution to be applied three times a day.

6th. Has some throbbing pain in the injured eye. Suspended ice-water, and used tepid in its place; also applied an elastic bandage of flannel over the wet lint. Continued the other measures.

7th. Pain relieved; some muco-purulent discharge from the affected eye; the powder has been entirely removed from the face and lids. Suspended the carbolic lotion. As the imbedded wad had torn the conjunctiva quite badly, and some discharge was coming from the seat of injury, I had reason to fear the occurrence of symblepharon, or union of the inner surface of the lids with the eye-ball, close and direct in character. This unfortunate occurrence I set about to obviate by means of extension applied to both lids by means of adhesive straps, three of them applied at or near the centre of the lower border of the lid, attaching the distal extremities respectively to the nose and face in a kind of fan-like or radiating manner; the same was done to the upper lid. The bandage was now removed, the patient placed in a darkened room, and colder applications made; atropine continued. This was done for four days, when the torn conjunctiva had healed completely. Then the extension of the lids was discontinued, and by the 15th of July the eye was perfectly well. There is no discoloration from the powder in the conjunctiva, and but four grains on the inner side of the nose. Of itself, the case was but a simple one, but to me it illustrates how much we can do for cases of a similar or even worse character by constantly following up and meeting each separate indication, either medical or surgical, as it may appear, and not trusting too much to general principles.

With regard to the use of atropine, I am well aware that there are those in our ranks who will feel that, in using the atropine, it was unnecessary, un-homœopathic, &c.; but to them I would simply say that I gave it, 1st, as an anodyne: 2d, to diminish the muscular spasm of the lids, and of those internal muscles supplied by the third pair of nerves, as I had just reason to fear kerato-iritis, &c.; and lastly, because in all cases of photophobia following traumatic injuries of the eye, I have found

its cautious use beneficial. Certainly in this case it did no harm; on the contrary, it was of great benefit. The case also illustrates the great benefit to be derived from elastic pressure, both as an alleviator of pain, and as an assistant to resolution, &c.

CASE 2.—F. Van B., æt. 19, sawyer. While engaged at the tail of a circular saw, was violently struck on the left eye by a piece of edging. I saw him ten hours after the injury. He was then suffering from swollen supra-orbital pain over the injured eye, the lids of which were badly swollen; and, separating them, I found the ocular conjunctiva hyperæmic and much swollen, accompanied with profuse lachrymations; none of the tissues seemed to be directly injured.

Instilled one drop of sol. atropine, 4 grs. to the  $\frac{3}{4}$  of water; directed the constant application of cold water, in half a tumbler of which was mixed ten drops of arnica tincture.

This was continued two days, with the use of atropine, morning and night, completely relieving the pain and lachrymation. On the fourth day, the hyperæmia had all disappeared, and the man resumed his usual work.

CASE 3.—John P., æt. 34. Was led into my office as blind as a man could wish to be. On questioning him, I found he had been in this condition for seven weeks, during which time he had been constantly growing worse. On examination with oblique light by means of a convex 3-inch lens, I found both irides presenting the peculiar velvety appearance characteristic of an inflammatory condition; also the peculiar discoloration, loss of normal appearance, and sluggishness of the pupils, neither dilating under the influence of light. There was also present the characteristic rosy zone of hyperæmia of the episcleral vessels. The hyperæmia also extended in the left eye to the conjunctiva and lids. There was but slight lachrymation, &c. I immediately placed him under the action of atropine, using two drops of the 4-gr. solution every hour till pain was relieved, and the iris showed that it was dilated. Also prescribed merc. cor.<sup>3d</sup> two grains every two hours, and applied the elastic bandage, and ordered him to lie in a darkened room. The treatment was commenced July 31st. I saw him the next morning. On examination, found both pupils well dilated, less photophobia, and complete absence of pain.

Ordered the atropine to be used twice a day, and continued the merc. cor.<sup>3d</sup> Five days after, the sight was well, pupil normal and dilatable, no weakness to light, &c.; left eye improving. Two days after, during the violent storm which visited this region, his house was completely flooded, and in rescuing his property he was thoroughly drenched with water. That night he was seized with rigors, followed by a sharp febril attack, and in twenty-four hours his original trouble was again the victor. He now complained of a sharp pain in the region of the kidney, some diminution in the quantity of urine, which was dark and smoky in character, and passed with some considerable straining. Pulse quick and small; great pain in forehead, and considerable fever; temperature in axilla 102 deg. Fahr. I prescribed aconite, 1st. dil., and cantharis, 30 cent., 5 drops in  $\frac{3}{4}$  iv of water, a teaspoonful in alternation every hour. This was continued for twenty-four hours, when I found his condition considerably relieved; passed urine freely and of a better color; pain in head confined to supra-orbital region, which was shooting in character, extending upward through both temples. Prescribed spigelia, 30 cent., a powder every two hours. Continued atropine three times a day. Next day much better. Used only the atropine the next day, on account of the presence of a return of the stinging pain in the small of the back, with the sensation of weakness; frequent violent desire to urinate, with scanty discharge; violent racking cough, dry in character and worse at night, with fetid smell from the mouth. I prescribed merc. viv., 1st dil., two grain powders every three hours. Continued this for two days, when all the symptoms disappeared. In a week, his eyes had regained their normal condition, and, desiring a change of "hair," he took a trip up the "'Udson." I heard from him several times that he was "growing fat," and that his eyes were as good as ever. On the 8th of September, I was surprised to see him enter my office with both eyes bandaged, and led as he was at the time I first saw him. I soon learned that three days before, on the 5th inst., he had remained out quite late in the evening, had caught cold, attacked with a severe catarrh, and in twenty-four hours his eyes were as bad as ever. I immediately placed him under atropine locally, and merc. cor., 3d d., internally.

Under this treatment he immediately mended, and is now able to go about; but still there is considerable conjunctival hyperæmia, pupils dilatable, and no pain. His appetite is good, sleeps well, and, with the exception of the hyperæmia, would seem to be a well man.

The reason why I record this case is the fact that it is typical of many that we have coming under our observation. These cases are set into operation by any of the many causes which tend to develop an attack of rheumatism, such as exposure to changes of temperature, cold, rain, wind, errors of diet, and like influences. Frequently traumatic causes are at the root of the evil. In this case the attack was set up, the patient thinks, by a switch received from a horse's tail during the presence of a severe cold. This may have been an exciting cause, but I have no doubt that the predisposition was due to a rheumatic taint or diathesis, as I believe that, with the exception of purely traumatic iritis, we must recognize and treat a cause lying behind the external manifestations which we see in the eye or organ before us; and so doing, we can not only remove the present trouble, but also the disposition to relapse, which is so characteristic of this form of iritis that it is sometimes known as rheumatism of the eye, or rheumatic ophthalmia.

With regard to the use of atropine, I can do no better justice to this drug than quote the words of Dr. Searle, as I find them in No. 26 of the *New York Medical and Surgical Journal*: "In regard to the treatment of iritis, we shall speak of what is too often neglected by homœopathic physicians, viz.: the instillation of atropine. This is necessary, for several reasons: 1st. It prevents one of the chief tendencies of this disease: adhesions between the iris and the capsule of the lens (posterior synechia), which always result sooner or later, as evil consequences. 2d. By the wide dilatation of the pupil, rest is afforded to the inflamed iris; for, as motion in any inflamed muscle aggravates its condition, so the constant endeavor of the iris to fulfill its function of regulating the size of the pupil according to the degree of light, must result in the increase of the disease. 3d. The tension of the eye is diminished so that the overloaded iritic vessels have opportunity for relief.

"As the iris, when inflamed, is less sensitive to atropine, a strong solution (4 to 6 grains to the  $\mathfrak{z}$ ) will be necessary. A drop or two should be put inside the lower lid every five minutes for five or six times in succession, and this should be separated from every hour to three times daily. Enough should be used to keep the pupil well dilated until the iritis is cured. We are aware that some homœopathic oculists claim that this procedure is unnecessary, and in their hands it may be so; but it can do no harm, and we believe that it should form a part of the treatment of every general practitioner. His patients cannot have skilled nursing and frequent visits, and a few hours neglect may result in adhesions which may prove in the end fatal to an eye."

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### Reviews.

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A PRACTICAL TREATISE ON THE DISEASES OF THE EAR, INCLUDING THE ANATOMY OF THE ORGAN. By D. B. ST. JOHN ROOSA, M. D. New York: William Wood & Co., 27 Great Jones St., 1873.

This admirable treatise supplies a want not met until now. The translation of Prof. Van Troitsch's work by the author of the treatise now before us is a valuable addition to the small number of works on aural surgery; but, consisting as it does of some thirty lectures, not aiming at system, but still systematic, it did not supply all demands, and called out other efforts. The translation of Politzer on the Membrana Tympani by Drs. Matthewson and Newton helped students in diagnosis; and Prof. Turnbull's late work contains a mass of valuable matter, but it differs from Prof. Roosa's in the very essential requisite for students: arrangement for consecutive study.

The work is divided into four parts. The first gives a sketch of otology, followed by the anatomy of the external ear, which prepares for the study of the diseases of the same. In part second, the middle ear is considered in the same way, and a comprehensive statement of disease given. Part third gives the anatomy of the nervous portion of the auditory apparatus very finely, with the latest information on the

diseases of this tract; while part fourth is devoted to collateral matters, as deaf-mutism, trumpets, etc.

From the mass of literature at hand, the author has selected with evident care the important matter, quoting the latest data on all points, arranging it as a practical teacher, and thus giving us the best work on the subject in our language. The mechanical execution of the work is markedly nice. The exact and clear copies of Rüdinger's plates aid very much in mastering the anatomy of the parts. The treatise has been adopted as the text-book on otology for the course at the Ophthalmic School and Hospital.

H. C. H.

A COMPLETE REPERTORY TO THE HOMŒOPATHIC MATERIA MEDICA. Chapter, Eyes. By E. W. BERRIDGE, M. D.  
London, Alfred Heath, 114 Ebury Street.

This handsome octavo of 320 pages professes to be a perfect repertory to the symptomatology of the Eye, and we should judge that it also aims to embrace a large portion of the clinical experience of our school. One is at once impressed by the evidently lavish amount of time and research employed in its preparation; the author seems to have obtained symptoms and experiences from the four quarters of the globe, and gathered things both new and old into his store-house. There are certain peculiar and new features, however, that demand our critical attention. One is the designation of remedies and the abbreviations. We are amazed when we contemplate the list of remedies, 1171 in number; many of them are entirely new to us, names we have never seen or heard (but that is probably our fault); and the impression forces itself upon us that all these have not been proven, and if so they have no place in a homœopathic work; for no system of medicine ever can be built upon a scientific or firm basis other than the basis of physiological provings. This is our only safety; beyond this is empiricism and ruin. No matter if a symptom be verified a thousand times, it must fall if there be no physiological basis for it. For centuries the attempt has been made, and failed, to establish medical science on the foundation of clinical experience; but now the whole medical world is coming to our standard of "physiological provings." It behooves us then to hold fast to the faith, and not let our credulity or enthusiasm take us back into empiricism. Clinical symptoms, if repeatedly verified by cures with a single remedy, without the possibility of interference from another remedy, might be admitted with a special mark to indicate that they are clinical; but how few such symptoms there are. In this list we find acetyl, allyl, allylia, amyl and seven of its derivatives, anylia, amylen, etc.; quinia, and five of its salts; ten species of agaricus, eleven compounds of ammonium, thirteen compounds of ferrum, twenty-three kalis, *ten different kinds of milk*: (lac.), etc., etc. If Dr. Berridge has provings of all these, we have nothing to say, save to utter a protest against the privacy in which they have been preserved; if he has not, we can only say *Rubbish!* A most serious change has been made in the nomenclature. Our old time-honored



names have been shelved, and new names introduced to conform to new chemical and botanical nomenclature. For example: Hg. stands for mercury, and Hg.s for cinnabar; sb. for antimony. Theoretically, and as chemists, we like this change; but the alteration is so extensive, and involves so much obscurity in abbreviation that it is at first sight obnoxious; besides, we love the old names, and, no matter how educated or thoroughly scientific we may become, the old household words will cling to us. Dr. Berridge cannot force this change upon the profession, and the attempt may as well be given up first as last. Another thing that cannot be done is to abolish the old species name of plants, and substitute the generic name. For example, to call *nux vom.* *strychnos*, str.; *ignatia*, str. i.; *belladonna*, atp.; *asafoetida* fer. (we only imagine he means *asafoetida*, because we can find no other *asafoetida*, but since the days of Linnaeus, till now, it was *ferula asafoetida*; his *ferula officinalis* is inexplicable); *jalap.*, exo. (*exogonium purga*: we give this up, as it beats our botany; we thought it was *ipomœa purga*); *camphor*, lau. c. (this is very old and very wrong; Linnaeus called nearly everything in the order Lauraceæ, *laurus*, as *camphor*, *benzoin*, *sassafras*, *cinnamon*, etc., and our author should have placed all these under *laur.*, if he swears by Linnaeus in the present case. *Camphor* is a species of *cinnamomum*; even *camphora offic.* is a later and better name than *laurus camphora*. We are thankful for some mercy in sparing *pulsatilla*, *china*, *cactus*, etc., which, if our author had been thorough in his work, would have appeared under *anemone*, *cinchona*, *cereus*, etc. There are some trifling errors in spelling (due to the printer, doubtless), but the botanical part of the work is open to considerable criticism. Among the new and astonishing names we find *norium metallicum*? (*zirconium* is also given). It thus transpires that when a symptom is discovered, the abbreviations have to be translated by the list, and in many cases he is fortunate who knows what he has got when he finds it. All this obscurity interferes very seriously with the usefulness of the work, whose object it is to enable a busy practitioner to find a symptom speedily. And this leads us to consider the arrangement of the work. Let us premise by saying that the idea of a repertory is an *index*, and that the most simple arrangement is the best. The eye is a complex organ, consisting of two main portions, the special sense, vision, and the accessory apparatus, of lids, lachrymal organs, sclera, cornea, etc.; hence all symptoms referable to the eye fall under two groups, vision and accessory apparatus. Our author has consequently thus divided his book (as would be natural to do), and gives us, first, *Function*. We should prefer now to have our vision symptoms just simply indexed, and not separated into sub-sections, as "false appearance," "imaginary objects," "photomania," etc. Our plan would be as follows:

\* ACUTE, acon.; viol. iod.

" Colors distinguished at an immense distance. Cyclam.

AMAUROSIS, dig., gels., plumb., strychn.

" With vertigo, dull headache and deafness, etc. Hydro-cyanic ac.

AMBLEOPIA, phos., robin stram.

" Cannot discern small things, as the point of a pin. etc. Stram.

ASTIGMATISM, atropin, Oll. tig.

† AWAY, everything seems. Stram. (Compare Distorted.)

‡ BALL, a small black B., swims before vision. Kali c.

‡ BIRD, as if one flew before the vision. Thuja.

\* This symptom is not found in BERRIDGE. † The exact words of the proving should be given.

‡ These are not found in BERRIDGE.

BLACK before vision. Apis, rhus v., etc.

" Everything turns B., cupr., hedeoma.

" " " on staring at an object. Cic.

" " " or green; the room goes round in a ring; she must lie

down during a meal. Merc. sol.

" on smelling Camphor; cannot see. Kali nit.

" Clouds float before v. when lying on l. side. Merc. protiod.

" after Dancing, bright lines, like electric sparks, before v. Croc.

" Disk a few feet from eyes, when walking. Elaps.

" with Faintness. Chel.

" Figures follow v. on turning eyes; v. clear. Cocc.

" " and flickering. Petrol.

" on Fixing the eyes. Chin. sulph.

" Flashes on looking, in open air. Staphs.

" " on reading, a small black flash comes between the letters, and then whole lines disappear. Staphs.

" Gauze before v. Phos.

" with Headache. Sarsap.

" on Looking down, with nausea and eructations of wind, mornings, eight or nine o'clock. Cocc.

Etc., etc.

For our own personal use, some such arrangement is preferable. At the same time, we acknowledge the science in an arrangement far more complicated, but we do not wish theoretical relationships in an index or repertory; let it be the simplest possible. The sample here given leads us to say that a repertory that gives a half-page of abbreviations under one rubric, as "black before vision," without any distinguishing mark, is tiresome and, to our mind, profitless; but, if we take that rubric and designate the peculiarities of each drug, the repertory becomes most useful, though it may become bulky. The other kind of a help would be after our good old Boenninghausen's method, of selecting the prominent drugs under each section, and grading them; that work, however, requires a large experience, and long study of the materia medica. We have but one single criticism to make on the "completeness" of the repertory before us. In a MSS. repertory (left unfinished, from the fact of accumulating additions in translating for another work), we turn to a single rubric referred to under "Awry," namely "Distorted." Dr. Berridge gives "Atp." and "Hyo." only. We find:

DISTORTED, objects seem, rana v.

" With light head and vertigo, worse on suddenly moving the head, and on walking, with a tottering, unsteady gait. Gelsem.

Other discrepancies between Dr. Berridge and our MSS. might be noted under this section (some omissions have already been noted); this, however, is sufficient to show that our author has either compiled his work carelessly, or that he has "avoided hair-splitting distinctions" (see preface, page xv), and put these remedies under some other rubric. Another omission we must mention, as it is very marked. A striking peculiarity of intoxication by agaricus musc. is that it is frequently ushered in by all objects looking blue. Also cyclamen has the symptom as though objects were seen through dark blue glasses; and lachesis has blue vision preceding a headache. Our author has neither of these drugs under his rubric Blue, though he includes *Ullac*, *purple* and *violet* under it, thus "avoiding hair-splitting distinctions." Our hopes of the accuracy of the work, raised so high by 1171 remedies, have already received a slight check.

The second part of the work includes the symptoms, (1) arranged according to the regions, beginning with the ball and sclerotic, and ending with the lachrymal sac; (2) the general character, sequence and direction; (3) the sides, right and left.

The third part includes the conditions of aggravation and amelioration.

The arrangement of anatomical regions is, of course, artificial, and one cannot easily remember the exact order in which they are placed. Still more difficult is it to remember the order of the general symptoms, for they are split into groups as follows: periodical; gradual or sudden; changing character or place; alternating, right, then left, etc. Moreover, the conditions are not arranged so that any one can find anything without going to the index. For example we have the arrangement: time, situation, posture, touch, motion, and their general regions. Now the busy practitioner cannot carry this in his mind. For example, at our Ophthalmic Hospital, we are obliged to allow an average of only two or three minutes to a patient, and even then are often kept prescribing for two or three hours. These patients must be attended to somehow; we need an index to symptoms which we can use as we would a dictionary, not having words classified according to their relationships, or according to the natural divisions of objects (all of which is scientific, and to be expected in a scientific treatise), but arranged alphabetically, in the simplest possible manner, for practical, rapid work. If this repertory were accurate and complete, the first thing we should do would be to have it copied, or cut up, and re-arranged in a perfectly simple manner. We do not undervalue the advantage of having corresponding groups at hand near each other, but that advantage must be reserved for the study, not for the workshop. As we write this we fear some may think that we decry science, and seek to degrade it. We deny any such intent; we love classification; it is as natural to classify as to breathe: but we desire to *utilize* science, and render it most available. In the present book, however, the arrangement cannot be said to make any pretensions to science, for it is purely arbitrary.

It is now our duty to examine into the value and completeness of the second part of the work. We find the section "Eye-ball" to include conj. bulbi (in order, we suppose, to "avoid hair-splitting distinctions"). We protest against this, for certain symptoms and appearances of the conj. bulbi are of exceeding value and importance: for example, the chemosis of argent nit. and rhus; ipecac, "conj. bulbi *bright red* and infiltrated." Many examples might be here adduced. We are surprised that one who has doubtless had a large experience in treating eyes should have united these two rubrics. Under this section we find such symptoms as "astonished," and other expressions belonging to the *tout ensemble* of the eye, not merely "ball;" indeed, the appearance of the eye depends quite as much on the lids as on the ball. We find clinical sections as "*encysted tumors*," "*fistula*" (three remedies), "*fungus*;" also "lachrymation" (a singular place for that), etc. Such symptoms as the following lead us to think that part of the symptoms of the eye in general are here comprised: "Discharge," "sand," "itching," etc. We are sorry to miss the following very marked and almost characteristic symptoms, both of which we have verified:

Compressed, sensation as if, and too large, with redness and inflammation of the whites. Nat. mur.

" Feeling, with tense pain in the upper orbital border, and in balls. Plat.

" Pain as if forcibly, and pressed into the head. Phos. ac.

Dr. Berridge gives no symptom "compressed," but we find under "contractive" (the nearest we can come to it) na. ca. and p. x., but not plat. Contractive does

not at all express this sensation; it is quite different, and we lament again the absence of "hair-splitting distinctions." Besides, Dr. B. does not give platina under his compound section "contracted." We should have underlined platina, as of the first rank here, for it is highly characteristic of the drug, and has been repeatedly verified. Under "large feeling," we miss these important remedies:

Large, balls seem too. Chloral.

" " " " and press on all sides of the orbit. Hydrast.

" and sensitive, with sensation of something under the lids. Plumb. ac.

" too, and aching after vomiting at night. Agar.

" too, for orbits, with dryness of the eyes. Seneg. (Very important.)

We should not feel so disappointed were the work not heralded as "complete repertory," or if we had selected obscure French or Spanish, or other provings not very accessible; but that important and common enough symptoms should be entirely omitted, is very depressing to our hopes, raised so high by 1171 remedies.

It is unnecessary to pursue this criticism farther. The work has been sent us for review, and we have briefly done it, in a spirit of perfect fairness. We have had and continue to have a high opinion of the accuracy and care with which the author prescribes for his cases; we admire his indefatigable devotion to our science; but we think that this work, even this second edition, has been hurried to press too soon, and without sufficient consideration.

T. F. A.

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The Ophthalmic Lectures are held at 2 P. M., in the lecture room, three days in the week (*in addition* to Dr. Liebold's lectures in the College course). This hour enables the lecturer to illustrate his points by living examples taken from the clinic down stairs. The lectures are free, and are fully attended. Several students are in the city, devoting themselves exclusively to our hospital work and course of instruction. They spend the whole afternoon of each day in investigating and studying the different varieties of disease of the eye, ear and throat, and become expert in the use of the ophthalmoscope, otoscope and laryngoscope. The diploma of the Hospital is awarded to graduates only. The examination (both written and oral) is very thorough, so that he who is so fortunate as to possess the "Diploma of the New York Ophthalmic Hospital" has a passport to the confidence of the public, medical and lay.

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Hugh M. Smith, medical student, has been appointed Assistant Apothecary to the Ophthalmic Hospital, it being impossible for one apothecary to put up the medicines for the crowds that attend daily. Over 1500 prescriptions were made last month.

## A CLINICAL INDICATION FOR PHOSPHORUS IN DISEASES OF THE EYE.

### "ON READING, LETTERS LOOK RED."

This symptom is not found in any proving of phosphorus, but it has been verified so often by me that I have come to use it as a guide to the selection of this drug. The first patient in whom this symptom occurred in connection with phosphorus symptoms, was a very severe, alarming and rapidly progressing case of chorio-retinitis. The gentleman had been writing in a cellar by poor light for several months, and using tobacco to excess. Examination disclosed atrophic spots in the chorioid very marked, surrounded by areolæ of active inflammation; the retina hazy, blurred; the optic disk red, somewhat swollen, with an undefined margin; the vitreous slightly turbid, with floating opacities. He complained of a mist before vision, of pinkish globules before vision, especially after a bright light; the outlines of objects seemed uneven and wavering (trembling); on reading, the letters looked red, especially by gas-light, and flashing of lights before vision. The patient was weak and perspired very easily, but otherwise in good health. Phosphorus 200th removed first the red appearance of letters, and very speedily all traces of acute progressive disease, leaving only the atrophied spots, which will, of course, always remain. His vision rose from one-tenth to one-eighth, where it remains. The symptom "outlines seem uneven and wavering" is of the greatest importance, not only indicating certain remedies, but also indicating the disturbance in the retinal elements. I find these indications in provings:

Outlines undefined; objects tremble. *Phos.*

" of figures cannot be clearly distinguished. *Cyclam.*

" indistinct; v. vanishes on looking at objects. *Kali bi.*

(All these symptoms should be interlined with pen or pencil in Berridge's Repertory.) The red appearance of letters on reading must not be confounded with the following:

On Reading, paper seems pale red or rose-color. *Croc.*

" paper has a red shine, with pressure in the ball evenings. *Sarsap.*

(Interline these also in Berridge.) My patient says (and others since say) the paper looks white and natural, but the letters seem as if printed with red ink. Especially prominent was this symptom in one old lady, with incipient and progressive hard cataract, in whose lens were hard, white, convergent striæ; and also a diffuse, slight haziness of the lens; vision five-fiftieths. Under phosphorus the haziness disappeared, no more striæ appeared, and in six months (to the present time) vision has improved to thirteen-seventieths. Phosphorus is not often indicated in cataract, but if this or any other remedy is selected with great accuracy, the progress of the disease may be stopped. At the hospital we have stopped treating immature cataracts; *they would never mature* so that we could operate safely; we only treat incipient cases in which the vision is yet better than it would be after an extraction.